

# Foster Family Home - Corrective Action Report

Provider ID: 1-628315

Home Name: Michelle Balisacan, CNA

Review ID: 1-628315-4

1301 Noelani Place

Reviewer:

Pearl City HI 96782

Begin Date: 9/28/2016

End Date: 10/26/2016

## Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6 (d)(1) Home visit made on 9/28/2016 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/28/2016.

6 (d)(1) see applicable sections of this review.

## Foster Family Home Records

[17-1454-52]

52.(c)(1) Client's vital information;

52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

52.(c)(1) Client #1 Face Sheet no current Face Sheet present in the home.

52.(c)(6) Client #2 Current Case Manager RN progress notes or assessment not present in the home.

Compliance Manager

*Michelle Balisacan*

Primary Care Giver

Date

*9/28/16*

Date

Oct 19 16 04:45p

p.2

Written Plan of Correction

October 12, 2016

52.(c)(1) Client #1 Face Sheet is not up to date by CM,RN.

52.(c)(6) CM, RN progress notes for client #2 on September.

The home will prevent this happening again in the future by cooperating with the CM,RN for all the discrepancies of all clients documentation

Date: 10/12/16

Signed: *Michelle Balisacan*

Print: Michelle Balisacan

1301 Noelani Pl.

Pearl City Hawaii, 96782