

# Foster Family Home - Corrective Action Report

Provider ID: ~~1-56444~~

Home Name: Milagros Duropan, CNA

Review ID: 1-564444-5

87-170 Maipela St

Reviewer:

Waianae HI 96792

Begin Date: 10/10/2016

End Date: 12/9/2016

## 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 10/10/2016 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 11/10/2016.

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

## Foster Family Home Records [17-1454-52]

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)(6) Client #1: No current RN or SW monthly visit flow sheet.

Compliance Manager

Milagros A. Duropan

Primary Care Giver

Date

10/10/2016

Date

# Written Plan of Correction

Nov. 29, 2016

52.(c)(1)(A) The Home received the monthly visit note from case manager social service coordination Nov. 15, 2016. This will not happen again in the future because the Home will coordinate the case manager RN on client documentation.

Date Dec. 5, 2016  
87-170 Maipela St.  
Waianae, HI. 96792

MILAGROS A. DUROPAN  
MDuropan

