

# Foster Family Home - Corrective Action Report

Provider ID: 1-560525

Home Name: Leilanie Frazee, CNA

Review ID: 1-560525-5

94-480 Palai Street

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 6/16/2017

End Date: 7/19/2017

## 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 6/16/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 7/16/2017

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

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

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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)(2) Client #2 code status does not match the Physician Orders for Life Sustaining Treatment (POLST) with the Service Plan.

52.(c)(6) Last RN visit/summary was done on 2/5/2017 and March, April, and May RN visit/assessment summary not present in the home for Client #2.

Sue Lo  
Compliance Manager

Leilanie A. Frazee  
Primary Care Giver

6/16/17  
Date

6/16/17  
Date

Written Plan of Correction

July 14, 2017

52. (c) (2) Client #2:

Case manager changed the code status: (POLST) to match with the service plan on July 12, 2017

52. (c) (6) Client #2:

RN case manager completed RN summary for March, April and May on July 12, 2017

Prevention Plan:

From now on the home will cooperate with the case management RN for any missing documentations so this will not happen again in the future.

Signature Leilanie A. France CNA

Address 94-480 Palai St.  
Waipahu, HI 96797