

Foster Family Home - Corrective Action Report

Provider ID: 1-140040

Home Name: Yong Suk Rho Morita, CNA

Review ID: 1-140040-4

98-1910 Kaahumanu Street
#U

Reviewer: Sue Lo

Pearl City HI 96782

Begin Date: 5/17/2017

End Date: 6/19/2017

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 5/17/2017 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/17/2017.

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

Foster Family Home Information Confidentiality

[17-1454-13.1]

13.1.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

13.1.(c)(2) The use or disclosure is specifically permitted under applicable federal or state rules or regulations.

Comment:

13.1.(c)(1)-(2) Consent Form for Client #2 not present in the home.

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;

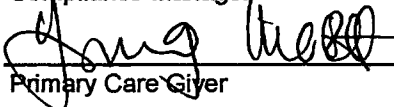
52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to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

Comment:

52.(c)(2) Service Plan was last done on 9/12/2016 and Service Plan for March not present in the home for Client #1.

52.(c)(6) RN or SW visits documentation was last done on 3/18/2017 and no current visits documentation for Client #1 and Client #2.

Compliance Manager


Primary Care Giver

Date

5/17/17

Date

WRITTEN PLAN CORRECTION

DATE: 06/10/17

- Fax Date: 6/12/17

13. 1(C) (1)(2) CONSENT FORM CLIENT #2 COMPLETED ON .

DATE: 8/10/17

52.(C)(2) CLIENT #2 COMPLETE ON SERVICE PLAN.

DATE: 6/10/17

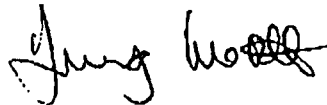
52(C) 8 NURSE SERVICE PLAN SUMMARY , VISITING SUMMARY COMPLETED ON CLIENTS #1, #2

DATE: 6/10/17

PREVENTION PLAN

FROM NOW ON COORDINATE WORK WITH CASE MANAGER PREVENTING DOCUMENTS MISSING.

YONG SUK MORITA (PCG)



6/10/17

98-1910 kaahumanu st #u
pearl city HI 96782

DATE: 06/10/17