

# Foster Family Home - Corrective Action Report

Provider ID: 1-511122

Home Name: Catalina Tano, LPN

Review ID: 1-511122-4

94-1312 Huakai Street

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 9/7/2017

End Date: 9/10/2017

## 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 for a 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/7/2017

## Foster Family Home Client Account [17-1454-47]

47.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

47.(a) Client #1 Account Record not present in the home.

## 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 and #2 August 2017 visit summary not present in the home.

SLO  
Compliance Manager

9/7/2017  
Date

Catalina Tano  
Primary Care Giver

9/7/2017  
Date

# Written plan of correction

September 8, 2017

4.7A CG #1 started client's account Record for client #1 on 09/08/2017 From now on CG #1 will continue to keep an accurate client's account record for client #1

5.2.c(6) RN case manager submitted client #1 and client #2 The August 2017 RN visit summary on September 8, 2017

Prevention plan:

Care giver #1 will coordinate with the CM RN to make sure all documents up dated.

Catalina Tano

94-1312 Huakai 55 Waipahu Hawaii 96797