

Foster Family Home - Corrective Action Report

Provider ID: 1-561739

Home Name: Lawrence Sabangan, CNA

Review ID: 1-561739-7

91-2035 Pahuhu Place

Reviewer: Sue Lo

Ewa Beach

HI 96706

Begin Date: 8/7/2017

End Date: 8/31/2017

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 8/7/2017 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/7/2017

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) Nursing Monthly Assessment for July 2017 not present in the home for Clients #1, #2, and #3.

S. Lo
Compliance Manager

J. Sabangan
Primary Care Giver

8/7/17
Date

8/7/17
Date

Written Plan Of Correction

August 26,2017

52.(c)(6) Nursing summary for July 2017 received for Client #1,#2,#3 on August 16,2017. Prevention plan be more persistent in coordinating RN case management to make sure all documents are all updated.



Lawrence Sabangan

91-2035 Pahuhu Place
Ewa Beach, HI 96706