

# Foster Family Home - Corrective Action Report

Provider ID: 1-511114

Home Name: Charlyne Menor, LPN

Review ID: 1-511114-5

1428 Kaumoli Place

Reviewer: Carrie Wakai

Pearl City HI 96782

Begin Date: 8/25/2017

End Date: 9/25/2017

## 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 3 bed CCFFH recertification survey.  
Corrective action report issued with a written plan of correction due to CTA by 9/25/17.

## Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1(a)(1)-APS/CAN lapsed on CG#1 and CG#2 due 9/24/16, done 3/23/17.

## 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;

Comment:

52(c)(2)No current service plan present for client #3.

Carrie Wakai  
Compliance Manager

Charlyne P. Menor  
Primary Care Giver

8/25/17  
Date

8/25/17  
Date

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: CHARLYNE MENOR  
 CCFFH Address: 1428 KAUNOOLI PI. PEARL CITY HI. 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(2)	LAPSE CAN NOT BE CORRECTED	8/25/17	WILL USE CALENDAR ON PHONE TO INPUT ALL DUE DATES TO PREVENT ANY FUTURE LAPSE
52.0(2)	REC'D SERVICE PLAN 11 PAGES FROM NURSE (8/26/17) IT HAS BEEN FILED TO CLIENT # 3 BINDER WITH ALL SIGNATURES	8/26/17	To (Implement) make a Reminder that every time we get a new patient... we have to make sure that SERVICE PLAN IS <del>IN</del> IN THE BINDER, TO PREVENT FROM HAPPENING IN THE FUTURE AND TO CHECK EVERY PAGES VERY CAREFULLY

Primary Caregiver's Signature: *Charlyne Menor*

Print Name: CHARLYNE MENOR

Date of Signature: 8/28/17