

Foster Family Home - Corrective Action Report

Provider ID: 1-511122

Home Name: Catalina Tano, LPN

Review ID: 1-511122-5

94-1312 Huakai Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 9/20/2018 End Date: 10/03/18

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 9/20/18. Corrective Action Report issued during home visit with all items due to CTA by 10/20/18.

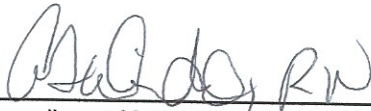
6.(d)(1) - see applicable sections of the review

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) - No personal care/daily observation flowsheet present for client #1 from January, 2018-April, 2018.



Compliance Manager



Primary Care Giver

9/20/18

Date

9/20/18

Date

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

CCFFH Name: Catalina Tano, LPN

CCFFH Address: 94-1312 Huakai Street, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
62.4(6)	Personal care flow sheet for client #1 cannot be corrected	9/21/18	I will do the charting on a daily basis on a personal care flow sheet for client #1 and pile in client #1 chart.

Primary Caregiver's Signature: Catalina Tano

Print Name: CATALINA TANO

Date of Signature: 9-21-18