

# Foster Family Home - Corrective Action Report

Provider ID: 1-591372

Home Name: Marylo Farinas, CNA

Review ID: 1-591372-7

91-1057 Aeae Street

Reviewer: Angelica Galindo

Ewa Beach HI 96706

Begin Date: 11/8/2018

End Date: 12/24/18

## 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 3 person CCFFH recertification review made on 11/08/18. Corrective Action Report issued during home visit with all items due to CTA by 12/07/18.


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

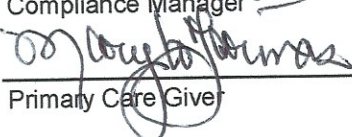
## Foster Family Home Records [17-1454-52]

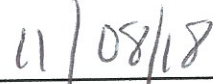
52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to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


Comment:

52.(c)(6) - No RN/SW monthly nursing assessment visit for 4/2018 for client #2. PCG verbally stated RN case manager did not visit client for the month of April.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

