

# Foster Family Home - Corrective Action Report

Provider ID: 1-120008

Home Name: Elena Fronda, CNA

Review ID: 1-120008-4

1684 Hoolana Street

Reviewer:

Pearl City HI 96782

Begin Date: 2/6/2015

End Date: 3/6/2015

## 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 recertification review made on 2/6/15.  
Corrective Action Report issued during home visit with all items due to CTA by 3/6/15.

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

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

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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), (2) - CG #2, HHM #2, and HHM #3, need 2nd year APS/CAN and Fingerprints.

## Foster Family Home Client Care and Services [17-1454-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients.

Comment:

43.(b) - Needs to have a Medicaid/Medicare patient (currently has only 1 patient).

## Foster Family Home Fire Safety [17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) - Fire drills to be conducted monthly with all CG's leading at least one fire drill a year.



Compliance Manager

Primary Care Giver

Date

Date

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Pearl City HI 96782

Begin Date: 2/6/2015

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## 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 recertification review made on 2/6/15.  
Corrective Action Report issued during home visit with all items due to CTA by 3/6/15.

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

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

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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), (2) - CG #2, HHM #2, and HHM #3, need 2nd year APS/CAN and Fingerprints *One month before yearly check up, I will finish all the requirements*

## Foster Family Home Client Care and Services [17-1454-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients.

Comment:

43.(b) - Needs to have a Medicaid/Medicare patient (currently has only 1 patient).  
*will keep a log*

## Foster Family Home Fire Safety [17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) - Fire drills to be conducted monthly with all CG's leading at least one fire drill a year.  
*Primary caregiver + Substitute caregiver will conduct monthly fire drill*

Compliance Manager

*Elena Fronda*

Primary Care Giver

Date

*2/2/15*

Date

