

# Foster Family Home - Corrective Action Report

Provider ID: 1-560682

Home Name: Enrica Asio, CNA

Review ID: 1-560682-7

94-238 Pupukui Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 1/8/2018

End Date: 1/12/2018

## 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 person CCFFH recertification survey. A Corrective Action Report was issued during the visit with all required items due to CTA by 2/08/18.

## 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)-No documentation of fire drills conducted from Jan.-June 2017.

## Foster Family Home Medication and Nutrition [17-1454-46]

46.(d)(1) By order of a physician;

Comment:

46(d)(1)-No MD orders present for use of physical restraints reflected in client #2's service plan.

*Carrie Wakai RN*

Compliance Manager

*Amiya Quid*

Primary Care Giver

*1/8/18*

Date

*1/8/18*

Date

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

CCFFH Name: ENRICA ASIO

CCFFH Address: 94 238 PUPUKUI ST - WAIPAHU HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
45(a)	Home unable to locate fire drill documents between January to June 2017. Will keep fire drills in folder and not remove.	1-8-2018	Home will conduct and keep all fire drill forms in the folder for the past year as request.
40(d)(1)	MD orders obtained for use of seat belt and siderail.	1-11-18	Will always obtain MD orders for use of restraint.

Primary Caregiver's Signature: Enrica Asio

Print Name: ENRICA ASIO

Date of Signature: 1-11-2018