

# Foster Family Home - Corrective Action Report

Provider ID: 1-120017

Home Name: Shirley Ann Baptista, CNA

Review ID: 1-120017-9

94-1113 Waipahu Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 1/22/2018

End Date: 1/26/2018

## 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 for a 3 person CCFFH recertification survey. A correction action report was issued during the visit with a written plan of correction due to CTA by 2/22/2018.

## Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41(b)(7)-TB clearance lapsed on CG#1, was due 9/19/17, done 12/5/17 and CG#2 due 4/14/17, done 7/26/17.

## 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 drill conducted by SCG#2.

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

52.(c)(5) Medication schedule checklist;

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)(5)-Administration of medication on flow sheet incomplete for client #1.

52(c)(6)-No daily care flow sheet present on client #1.

Carrie Wakai RN  
Compliance Manager

Baptista  
Primary Care Giver

1/22/18  
Date

1/22/18  
Date

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

CCFFH Name: Shirley Ann Baptista  
 CCFFH Address: 94-1113 Waipahu St., Waipahu Hawaii

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(1)	Lapse cannot be corrected.	1/23/2018	Input due dates on iPhone to prevent any future lapses. I understand TB requirement.
45.(a)	Fire drill was done by SCG #2.	1/25/2018	I understand Fire Drills needs to be done by each SCG once a year. I have developed a schedule on my phone.
52.(c)(5)	Medication record kept up to date and initiated everyday since lapse.	1/23/2018	I will make sure Medication checklist have been initiated everyday each time its given to patients.
52.(c)(6)	Asked CMA for new flow sheets and put it in my binder.	1/23/2018	I will contact the case management; if binder is missing forms and check off the flow sheet every day.

Primary Caregiver's Signature: *Shirley Ann Baptista*

Print Name: Shirley Ann Baptista

Date of Signature: 1/25/2018