

# Foster Family Home - Corrective Action Report

Provider ID: 1-627424

Home Name: Alicia Abendanio, CNA

Review ID: 1-627424-6

94-606 Palai Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 1/22/2018

End Date: 3/20/2018

## 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 client CCFFH recertification visit. A correction action report was issued during the visit with a written plan of correction due to CTA by 2/22/18.

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

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

52.(c)(8) Personal inventory.

Comment:

52(c)(2)-No authorized signatures present on service plans for client #1-#3. No current service plan for client #3, last done 3/9/17.

52(c)(5)-Documentation on MAR were missed on 1/20-1/21/18 for client #1 and client #2.

52(c)(8)-No personal inventory present on client #3.

*Carrie Wakai*  
\_\_\_\_\_  
Compliance Manager

*Chad Anderson*  
\_\_\_\_\_  
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: **Alicia Abendanio**  
 CCFFH Address: **94-606 Palai St., Waipahu**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
52(c)(2)	Obtained authorized signatures on service plans for client #1 and #3. Service plan for client #3 was updated by the case management agency.	9/11/17	I will check my clients record for a completed service plan every 6 months with all authorized signatures, Due dates will be tracked on my calendar.
52(c)(5)	Documentation on medication record was missed on 1/20 and 1/21 although medication was given. Since the days missed, I have done my documentation on the medication record for my clients.	1/23/18	I am utilizing a clip board to remind myself to document at the time a medication has been given to my clients.
52(c)(8)	Personal inventory count for client #3 was performed.	2/27/18	In the future, I will use the table of contents provided by the case manager to check for missing documents in my clients folders.

Primary Caregiver's Signature: *Alicia M. Abendanio*

Print Name: ALICIA M. ABENDANIO Date of Signature: 3-20-18