

# Foster Family Home - Corrective Action Report

Provider ID: 1-160034

Home Name: Editha N. Ponce, CNA

Review ID: 1-160034-3

706 Hooluu St.

Reviewer: Carrie Wakai

Pearl City HI 96782

Begin Date: 4/20/2018

End Date: 5/28/2018

## 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 2 bed CCFFH recertification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan (CAP) due to CTA by 5/20/2018.

## 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.a)(1) & 7.1(a)(2)-  
APS/CAN/Fingerprinting lapsed for CG#1 due 6/28/17, done 11/22/17 and CG#4 due 9/12/17, done 12/21/17.

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

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43(c)(3)-Documentation of RN delegation for Client #1 not present for CG#2-CG#7.

## 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)-Documentation of fire drills conducted by the home's substitute caregivers are missing from the folder.

Carrie Wakai  
Compliance Manager

[Signature]  
Primary Care Giver

4/20/2018  
Date

4/20/2018  
Date

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

CCFFH Name: Editha N. Ponce  
 CCFFH Address: 706 Hooluu St. Pearl City

| Rule Number            | Corrective Action Taken   | Date Corrected | Prevention Strategy   |
|------------------------|---|----------------|---|
| 7.1(a)(1)<br>7.1(a)(2) | APS/CAN Fingerprinting lapsed cannot be corrected.                            | 5/11/18        | Home has calendar to renew <sup>APS/CAN</sup> fingerprinting for CC's before the expiration date                                      |
| 43(c)(3)               | Client #1 is no longer living in the home & was discharged to her family home | 5/11/18        | Home will notify client's CMA that RN delegation of caregivers needs to be done within 2 weeks of a client being admitted to my home. |
| 45(a)                  | located fire drills folder Monthly fire drills were kept in the folder.       | 5/11/18        | I will make sure that I have the fire drill folder available for inspection.  |

Primary Caregiver's Signature: 

Print Name: EDITHA N. PONCE

Date of Signature: 5/28/2018