

# Foster Family Home - Corrective Action Report

Provider ID: 1-110050

Home Name: Hermelita Martinez, CNA

Review ID: 1-110050-8

92-655 Aahualii Street

Reviewer: Carrie Wakai

Kapolei HI 96707

Begin Date: 5/23/2018

End Date: 6/21/2018

## 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 bed CCFFH recertification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 6/23/18.

## 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 a fire drill conducted by CG#2 at least once during the year.

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

46.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, HAR, or an RN for all medication that the client requires.

Comment:

46(b)-A routine medication and prn medication was not listed on the MAR although there is a MD order for the medication.

## 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;

Comment:

52(c)(2)-No authorization signature present on the current service plan for client #1-#3.

Carrie Wakai rd  
Compliance Manager

Hmartinez  
Primary Care Giver

5/23/18  
Date

5/23/18  
Date

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

CCFFH Name: Hermelita Martinez  
 CCFFH Address: 92-655 Aahuai St. Kapolei HI 96707

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
45(a)	Fire drill was conducted by CG#2 and documented form has been put into home binder.	5/27/18	I will keep remind my CG's a month before the fire drill
46(b)	contacted to case manager and obtained the corrected copy of med record and PRN Med update.	5/24/18	I write notes my outside binder for my self reminder CG#1 make sure every visit have new order of meds CG#1 will Fax right away to avoid late recorded.
52(c)2	Service plan CG#1 brought to Dr office to have signature and Family member, authorized representative Client herself/herself	6/5/18 6/7/18 6/15/18	CG#1 make sure every client on the service plan have signature and I write a notes every outside binder for client for myself reminder. if client have Dr visit or Family members or client herself/herself.

Primary Caregiver's Signature: Hmartinez

Print Name: Hermelita Martinez Date of Signature: 6/21/18