

Foster Family Home - Corrective Action Report

Provider ID: 1-562216

Home Name: Ethelyn Nacion, CNA

Review ID: 1-562216-5

45-576 Awanene Place

Reviewer: Sue Lo

Kaneohe HI 96744

Begin Date: 10/10/2017

End Date: 11/13/2017

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 recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 11/10/2017.

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;

Comment:

7.1.(a)(1) Second set of fingerprinting not present in the home for CG#4.

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 for unannounced night fire drill not present in the home.

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)(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;

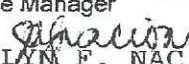
Comment:

52.(c)(2) Client #1 last Service Plan done on 11/12/16 and no current Service Plan present in the home.

52.(c)(6) Client #1 and Client #2 September 2017 Monthly Nursing Visit summary not present in the home.



Compliance Manager



ETHELIN F. NACION, CNA

Primary Care Giver

11/9/2017

Date

11/09/2017

Date

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

CCFFH Name: ETHELYN F. NACION
 CCFFH Address: 45-576 Awanene Place, Kaneohe, HI 96744-1920

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	CG#4 completed 2nd set of Fingerprints.	10/10/17	2nd Fingerprintings for CG#4 are kept in the Binder at all times.
45.(a)	Unannounced Night Fire Drill done.	10/12/17	From now on the home will conduct alternately & randomly day, evening & night unannounced Fire Drill.
52.(c)(2)	Case Manager RN submitted Service Plan for Client #1	10/12/17	FOR 52.(c) & 52.(c)(6) From now the home will tell the Case Manager Agency RN when documents are missing & Not up to date.
52.(c)(6)	Client #1 & #2 received Monthly Nursing Summary.	10/11/17	

Primary Caregiver's Signature: *enacion*

Print Name: ETHELYN F. NACION Date of Signature: 10/13/2017