

Foster Family Home - Corrective Action Report

Provider ID: 1-180053

Home Name: Maria Elaiza Fiesta, CNA

Review ID: 1-180053-1

91-1122 Hanakahi Street

Reviewer: Lori O'Keefe

Ewa Beach HI 96706

Begin Date: 9/14/2018

End Date:

9/24/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- New home inspection completed today with a corrective action report issued. Corrective action plan is due back to CTA by 10/12/18.

See applicable sections of review.

Foster Family Home

Quality Assurance

[17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a)- Emergency preparedness plan is not filled out and it lacks review and acknowledgement by CG #1,#2,#3.

Lori O'Keefe RN
Compliance Manager

9/14/18
Date

Maria Elaiza Fiesta
Primary Care Giver

9/19/18
Date

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

CCFFH Name: Maria Elaiza J. Fiesta
 CCFFH Address: 91-1122 Hanakahi St. Ewa Beach HI, 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
48.1(a)	Emergency preparedness plan reviewed, understand, filled out and signed by CG #1, #2, #3.	9/17/2018	In the future, Primary Care-giver will double check/review and will use sticky note or reminder for all unreviewed and unsigned important documents.

Primary Caregiver's Signature: 

Print Name: Maria Elaiza J. Fiesta

Date of Signature: 09/17/2018