

Foster Family Home - Corrective Action Report

Provider ID: 1-120008

Home Name: Elena Fronda, CNA

Review ID: 1-120008-7

1684 Hoolana Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 2/21/2019

Foster Family Home Required Certificate [11-800-6]

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

Comment:

Home inspection for a 2 person CCFFH recertification review made on 2/21/19. Corrective Action Report issued during home inspection with all items due to CTA by 3/21/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

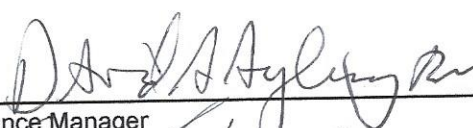
41.(b)(7) - No current TB clearance for HHM #2. Expired on 1/31/18.


Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9) - No door lock on patient's room.


Compliance Manager


Primary Care Giver

2/21/19
Date

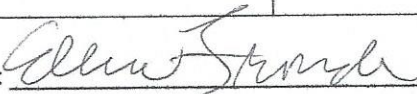
2/21/19
Date

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

CCFFH Name: Elena Fronda

CCFFH Address: 1684 Hoolana St. Pearl City HI. 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7)	I have recieved a current TB clearance from HHM #2 and placed it in my binder.	2/26/19	I have made a list of the expiration dates for TB clearance for all CG's and HHM's. I placed the list in the front of my binder and I will look at it every month.
53.(b)(9)	I have installed an approved door lock on my patients door.	2/26/19	I wil have locks on all doors that patients occupy.

Primary Caregiver's Signature: 

Print Name: Elena Fronda

Date of Signature: 2-26-19