

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

CCFFH Name: Lily Zafaralla
 CCFFH Address: 94-1180 Keahua Loop

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
4ba	lapse cannot be corrected	3/3/20	Calendar reminder placed in Binder for 7 th of every month.

Primary Caregiver's Signature: Lily Zafaralla

Print Name: LILY ZAFARALLA Date of Signature: 3/3/20

Foster Family Home - Corrective Action Report

Provider ID: 1-562315

Home Name: Lily Zafaralla, CNA

Review ID: 1-562315-6

94-1180 Keahua Loop

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 3/3/2020

Foster Family Home Required Certificate

[11-800-6]

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

Comment:

6.(d)(1)-Annual inspection conducted for this 2 bed home. A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 3/10/2020.

Foster Family Home Fire Safety

[11-800-46]

46.(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:

46.(a)
No June, July, August, September, October, November, December 2019 fire drill

Julie Hastings BSN, RN
Compliance Manager

Lily Zafaralla
Primary Care Giver

3/3/20
Date

3/3/20
Date