

Foster Family Home - Corrective Action Report

Provider ID: 1-120008

Home Name: Elena Fronda, CNA

Review ID: 1-120008-8

1684 Hoolana Street

Reviewer: Jackie Chamberlain

Pearl City HI 96782

Begin Date: 2/12/2020

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

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

Comment:

6(d)(1) Home inspection made for a 2 bed re-certification. Corrective action report issued during home visit with corrective action plan due to CTA within 30 days of inspection

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2) no fire drills present in home binder

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 clients shared room

Jackie Chamberlain *rw*
Compliance Manager
Elena Fronda
Primary Care Giver

2/12/2020
Date

2/12/2020
Date


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 Street Pearl City HI 96782**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46(b)(2)	Home has begun monthly fire drills and recording the fire drills in the home binder	2/20/2020	Home will review all rules for 3 client home and follow rules with documentation in home binder
53(b)(9)	Home has installed a door lock on the 2 client bedroom	03/09/2020	Home will comply with "my choice my way" rules and read CTA newsletters for new rules

Primary Caregiver's Signature: 

Print Name: **Elena Fronda**

Date of Signature: **03/09/2020**