

Foster Family Home - Corrective Action Report

Provider ID: 1-090093

Home Name: Cristina M. Wilson, CNA

Review ID: 1-090093-9

470 Iliwai Drive

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 7/13/2020

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 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 8/13/2020.

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

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)- CG#2's Ecrim lapsed on 6/26/2020 and no renewal seen in home binder.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff- Last date on sign out sheet was on 9/8/2018.


3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire- Last completed monthly fire drill was done on 8/19/2018.


Compliance Manager


Primary Care Giver

7/13/2020
Date

7/13/2020
Date

CTA RN Compliance Manager: Maribel Nakamine

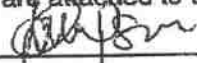
**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Cristina Wilson
(PLEASE PRINT)

CCFFH Address: 470 Iliwai Drive, Wahiawa, HI 96786
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1)	CG#2 obtained a current Ecrim. Result was filed in home binder.	7/14/20	Home will use an iphone calendar to schedule due dates alert 2-3 months in advance to prevent future lapses.
(3P)(b) (2) Staff	Lapse cannot be corrected. Started a new Sign In/Out Sheet for the remaining month of July 2020.	7/17/20	In the future, CG#1 and all caregivers will timely sign in and out. CG#1 will also instruct all caregivers on this procedure.
(3P)(b) (1) Fire	Lapse cannot be corrected. However, CG#1 initiated this month's fire drill. Completed Monthly Fire Drill Form was filed in home binder.	7/31/20	In the future, home will conduct fire drills in a timely manner (once a month). A schedule was made for each caregivers to follow.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 8/05/2020

CTA has reviewed all corrected items