

# Foster Family Home - Corrective Action Report

Provider ID: 2-559198

Home Name: Joel Solmerin, CNA

Review ID: 2-559198-8

1700 Keone Street

Reviewer: Terri Van Houten

Hilo

HI 96720

Begin Date: 10/15/2020

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

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

Comment:

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 11/15/2020.

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

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - CG#2 lapse in APS/CAN, expired 6/19/19, due for renewal 6/19/20.

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

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41.(h) - CG#2 missing SCG approval form

## Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:


51.(a)(1) - CG#4 not currently listed on Liability Insurance


## Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2) - Client #1 last service plan present and reviewed is from 10/18/19. Client #2 last Service plan present and reviewed 9/6/19.

  
Terri Van Houten  
Compliance Manager

  
Joel Solmerin  
Primary Care Giver

10/15/20

10/15/20

Date

CTA RN Compliance Manager: Terri Van Houten, RN, MSN Ed

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

PCG's Name on CCFFH Certificate: Joel Solmerin  
(PLEASE PRINT)

CCFFH Address: 1700 Keone St. Hilo, HI 96720  
(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.2	Lapse cannot be corrected	3/23/20	PCG will make list of all required documents 2 weeks before due dates on calendar to prevent future lapses.
41.b.7	SCG CTA approval form has been filed in the binder.	10/16/20	PCG will make sure that CTA approval form will be filed in the correct binder.
51.a.1	CG#4 is included in the Liability Insurance that was obtained on 12/31/2019 and effective 01/1/2020 - 01/01/2021.	10/15/20	PCG will use separate paper protector to file second page of Liability Insurance to easily see during CTA visit.
54.c.2	Client #1 latest service plan that was done on 4/17/2020 has been filed into client's binder. Next service plan with RN,CM is scheduled on 10/20/2020. Client #2 latest service plan that was done on 3/23/2020 & 9/22/20 has been filed into client's binder.	10/15/20	PCG will file documents right away into the proper binder upon receipt from the RN,CM.

All items that were fixed are attached to this CAP.

PCG's Signature: Joel R. Solmerin

Date: 10/23/2020

GTA has reviewed all corrected items