

Foster Family Home - Corrective Action Report

Provider ID: 1-100022

Home Name: Jovita Corcino, CNA

Review ID: 1-100022-10

1559 Ala Napunani Street

Reviewer: Julie Hastings

Honolulu

HI 96818

Begin Date: 12/7/2020

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 completed for a 2 person CCFFH recertification.

Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 1/6/2021

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 #5 APS/CAN lapsed. Was done 1/8/17. Was due on or before 1/8/19. Was done 5/15/19.

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(c)
CG#3 has only 6 hours of Annual Training
41.(e)
CG#3 does not have CTA approval form on file

Foster Family Home Records [11-800-54]

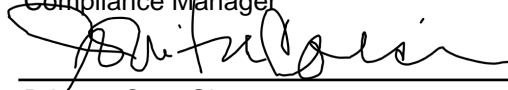
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)
Client #1 and Client #2 have no December Medication Administration Record filled out.



Compliance Manager



Primary Care Giver

12/7/2020

Date

12/7/2020

Date

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Jovita V. Corcino

(PLEASE PRINT)

CCFFH Address: 1559 Ala Napunani Street, Honolulu, Hawaii 96818

(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	CG#5 APS/CAN Lapse cannot be corrected.	12/07/20	Home will use a wall calendar to put all due dates on. Background checks will be done 4 weeks before due date to prevent future lapses.
41.e	CTA SCG approval Form for CG#3 is not there.	12/8/20	Home will use a spreadsheet on laptop to identify when requirements are due to prevent them from expiring. CG#1 will inform other caregivers when an item is due 4 weeks before it is due. CG#3 was pulled out because cannot find the CTA approval.
53.b.15	Training for CG#3 is only 6 hrs.	12/8/20	CG#3 was pulled out because Training is only 6 hrs.
54c5	No MAR for December for Client #1 & Client #2	12/7/20	Client #1 and Client #2 MAR for December was fixed the same day. I will make sure to start a new MAR on the first day of each month.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 1/5/2021

CTA has reviewed all corrected items