

Foster Family Home - Corrective Action Report

Provider ID: 2-625311

Home Name: Lovely D. Fernandez, CNA

Review ID: 2-625311-11

16-1656 34th Ave. Orchidland
Estates

Reviewer: Terri Van Houten

Keaau HI 96749

Begin Date: 3/22/2021

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 4/22/2021.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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.(b)(4) - CG #5 did not have a disclosure form included in their records.

41.(e) - CG #3 did not have their CTA approval form in their records.

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 - Fire drill record for February 2021 was missing from records.

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;

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(9) - Client #1 and #3 bedroom door does not have a lock that is accessible to the client to lock for privacy. Per Federal regulations, "My Choice, My Way", client bedrooms and bathrooms should have the ability to be locked from the inside if the client chooses to have privacy.

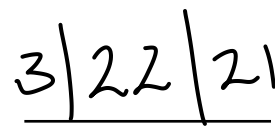
53.(b)(15) - CCFFH visiting hours indicate 8 am - 5 pm daily. Per Federal Regulations, "My Choice, My Way", visiting hours should be open.



Compliance Manager



Primary Care Giver



Date



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: Lovely D. Fernandez

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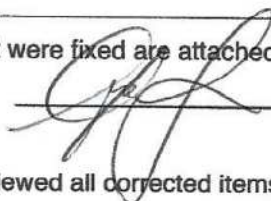
CCFFH Address: 16-1656 34th Avenue Orchidland Estates Keaau HI 96749

(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?
41.(b) (4)	CG#5 now has a disclosure form	3/23/21	PCG to make sure all SCG have disclosure form's updated PCG to make sure to keep the two forms are together: SC change form and CTA approval certificate.
41.(e)	CG#3 was originally approved from CTA back in 1/28/09	3/22/21	
(3P)(b) (1)	Fire drill for February was put back into binder	3/22/21	PCG to make sure that after the SC does a drill, it goes immediately into binder.
53.(b) (9)	door knobs were replaced with ones that lock for residents	4/3/21	PCG to keep those types on lock on from now on.
53.(b) (15)	PCG reprinted new visiting hours	3/23/21	Will not happen again because PCG has changed the visiting hours.

All items that were fixed are attached to this CAP

PCG's Signature: _____



Date: 4/3/21

CTA has reviewed all corrected items