Unannounced annual inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/17/2021.

### 3 Person Fire Safety, Natural Disaster

- **(3P)(b)(1) Fire** shall be conducted monthly
- **(3P)(b)(6) Fire** shall include all SCGs at least once per year

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

- **(3P)(b)(6) Fire** - CG#2 and CG#3 without evidence of having conducted a monthly fire drill for the past 12 months.

### Medication and Nutrition

- **47.(c) Medication errors and drug side effects** shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

### Records

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

### Comments

- **6.(d)(1) Comply with all applicable requirements in this chapter; and**
- **Comment:**
  - Unannounced annual inspection for a 3 person CCFFH completed.
  - Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/17/2021.
- **Comment:**
  - **(3P)(b)(6) Fire** - CG#2 and CG#3 without evidence of having conducted a monthly fire drill for the past 12 months.
- **Comment:**
  - **47.(c) Medication errors and drug side effects** shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.
- **Comment:**
  - **47.(c) Medication errors and drug side effects** shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.
- **Comment:**
  - **54.(c)(5) Medication schedule checklist**;
- **Comment:**
  - **54.(c)(5) Medication schedule checklist**;
### 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?
---|---|---|---
3P | CG # 2 conducted Fire drill CG # 3 will conduct Fire drill | 06/21/21 07/10/21 | Home will use wall calendar to schedule Fire drills and should be done monthly. All caregivers to conduct Fire drills at least once per year. |
47.C | Notified CHA. Medication discrepancy was care of by clients CMA and MD. | 06/18/21 | Before giving medication, check MD's order, medication bottle and medication. Make sure they matched. |
54.C | Notified CHA. Medication discrepancy was written by clients CMA and MD. | 04/22/21 | Before giving the medication, check MD's order, medication bottle and medication. Make sure they matched. |

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 06/18/2021

☑ CTA has reviewed all corrected items