

Foster Family Home - Corrective Action Report

Provider ID: 1-170050

Home Name: Antonio Rivera Jr, CNA

2312 Kalihi Street, Apt. A

Honolulu

HI 96819

Review ID: 1-170050-7

Reviewer: David Ayling

Begin Date: 7/8/2021

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 8/8/21.

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 - No record of Sign In/ Sign Out sheet since 1/2020.

Foster Family Home

Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - No record of CG's conducting fire drills since 1/2020.

Foster Family Home

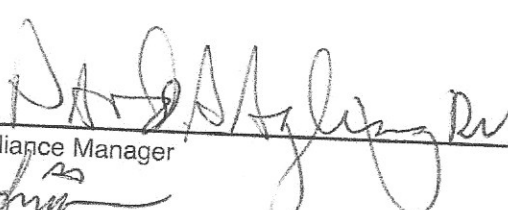
Quality Assurance

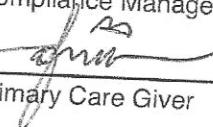
[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) - CG #2 and CG #4 have not signed Emergency Preparedness Plan.


Compliance Manager


Primary Care Giver

7/8/2021
Date

07/08/2021
Date

CTA RN Compliance Manager: David Ayling, RN

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

PCG's Name on CCFFH Certificate: ANTONIO RIVERA JR

(PLEASE PRINT)

CCFFH Address: 2312 KALIHI ST APT. A HONOLULU HAWAII 96819

(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?
(3P)(b) (2) Staff	Can't go back	07/08/21	I will use the sign in/sign out sheet everytime I lease & return to my CCFFH.
46.(a)	Can't go back	07/08/21	I will conduct fire drills every month. I will have all Caregivers lead a fire drill at least once a year. I put the schedule on my wall calendar.
50.(a)	Can't go back	07/09/21	I will have all new Caregivers sign the Emergency Preparedness Plan when I hire them.

All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 07/08/2021

CTA has reviewed all corrected items