## Foster Family Home - Corrective Action Report

Provider ID: 5-130034

Home Name: Rose Ann Cabe, CNA Review ID: 5-130034-9

4131 Hoohana Street Reviewer: Terri Van Houten

Lihue HI 96766 Begin Date: 6/8/2021

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#2 did not have a current APS/CAN on file (expired 5/30/21)

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - CCFFH did not have evidence that two minor children have TB clearance.

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) - CCFFH did not have evidence that fire drills have been completed monthly for the last 12 months.

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 and Client #2 did not have a copy of their service plan in their records.

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 annual home inspection for 2 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 7/10/21.

Primary Care Giver

Date Date

6/10/2021 10:56:36 AM

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## 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: ROSE ANN CABE

CCFFH Address:

(PLEASE PRINT) 4131 HOOHANA STREET IIHUE HAWAII 96766

(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)	APS/CAN was obtained CG#2, it was placed into the home record.	6/22/21	Home will use a wall calendar to put all due dates on, background checks will be done at least 2 weeks before due date to prevent future lapse.
41.(f) (1)	Tuberculosis clearance was obtained the two minor children, it was placed into the home record.	6/23/21	Home will use a wall calendar to put all due dates on
46.(a)	Fire drill has been performed, it was placed into the home record.	6/11/21	Fire drill will perform once a month by listing into my wall calendar.
54.(c) (2)	Client #1 received requested copy of current Service Plan. Client #2 received requested copy of current Service Plan from	6/15/21 6/17/21	I will ensure to check if copy of Service Plan is in the client's chart at least 2 weeks before due date to prevent future lapse.

_	All items that v	ver <u>e</u> fixed a	re attache	d to this/CAF
PC	All items that v G's Signature:	rose	ans	Cake

CTA has reviewed all corrected items