

Foster Family Home - Corrective Action Report

Provider ID: 1-090054

Home Name: Florante Solis, CNA

Review ID: 1-090054-8

94-227 Loaa Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 4/12/2021

Foster Family Home Required Certificate [11-800-6]

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed annual inspection.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection

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:

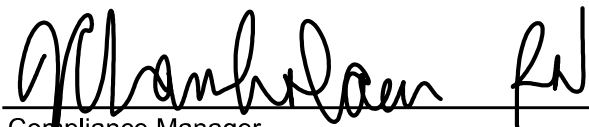
46.(a) No evidence of Fire drills conducted since 3/2020 including the testing of smoke detectors. On attempting to test the smoke detector in client # 1 and client # 2 they are both not working. The 3rd smoke detector is unreachable with home step ladder

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:

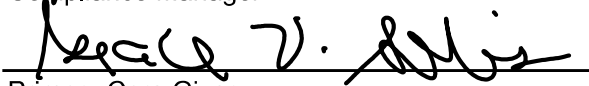
54.(c)(2) Service plan for client #1 lists [redacted] but only recorded [redacted]. Service plan lists [redacted] no [redacted] is documented on the daily flow sheets. Client # 2 service plan is outdated from 8/09/2020 and not signed by client or POA service plan lists [redacted] but [redacted] documented in daily flow sheet



Compliance Manager

4/13/21

Date



Primary Care Giver

4/13/21

Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN/Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: Florante Solis
(PLEASE PRINT)

CCFFH Address: 94-277 Loaa St. Waipahu, HI 96797
(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?
46.(A)	Fire drill and smoke detector testing was made every month. Smoke detectors are all working, in order to acquire testing, press bottom and hold.	4/15/21	I will make sure that the fire drill will be conducted every month. Document and maintain record. Documents are available on the next visit. I am going to use a calendar to schedule all CGs to conduct a fire drill every month.
54(c)(2)	Service plan for client #1 [REDACTED] was changed to [REDACTED]. Service plan was dated 4/16/19 and Dr.'s order dated 4/16/19. I will make sure that [REDACTED] will be done [REDACTED] and document it on the flow sheet. I will make sure that service plan is signed by POA. Dr order [REDACTED] or prn 3/10/20. I will make sure [REDACTED].	4/18/21 4/18/21	I will make sure to follow the service plan and the documents are available on the next visit. I will review the client service plan after each MD visit to identify any changes in care. I will use a sticky note to remind me when the service plan is due for review and renewal and will review the SP each month with the CMA RN to make sure all orders are current for the client.

All items that were fixed are attached to this CAP
PCG's Signature: Florante Solis Date: 8/11/21

CTA has reviewed all corrected items