Foster Family Home - Deficiency Report

Provider ID: 1-573700 **Home Name:** Elvira Fernandez, RN 1-573700-9 Review ID: 2385 Haumana Place Reviewer: Julie Hastings Honolulu HI 96819 Begin Date: 10/4/2021 **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 completed for a 3 person CCFFH recertification Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 11/4/2021. 3 Person Staffing 3 Person Staffing Requirements (3P) Staff (3P)(a)(5) Staff Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS. Comment:

(3P)(a)(5) Staff

CG#1, CG#2 and CG#3 only had 9 hours of training in 2020.

Compliance Manager

Primary Care Giver

10/4/2021

Date

10/4/2021

Date

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate: ELVIRA FERNANDEZ

(PLEASE PRINT)

CCFFH Address:

2385 HAUMANA PLACE, 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?	
6.(d)(1)	Reviewed requirements for 3 person CCFFH recertification.	10/5/21	Primary caregiver will use wall calendar to keep track & review all applicable requirements needed for due recertification in the future.	
(3P)(a) (5)staff	Lapse cannot be corrected.	10/5/21	Primary caregiver will use a wall calendar to put the schedule dates of inservices including the hours to make sure 12hrs completed in a year for CG#1, CG#2 and CG#3.	

All items that were fixed are attached to this CAP			1 -	1
PCG's Signature: WFUDANDEX	Date: _	10	15	2

CTA has reviewed all corrected items