

Foster Family Home - Deficiency Report

Provider ID: 2-100009

Home Name: Alejandro Salom, CNA

Review ID: 2-100009-10

15-1360 Poni Moi Street

Reviewer: Terri Van Houten

Kea'au HI 96749

Begin Date: 10/6/2021

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

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

Comment:

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by X11/5/2021.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(4) - CG#5 did not have evidence of CG disclosure.

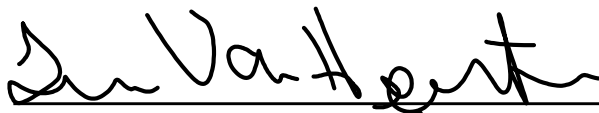
41.(b)(7) - CG#1 did not have evidence of current TB clearance.

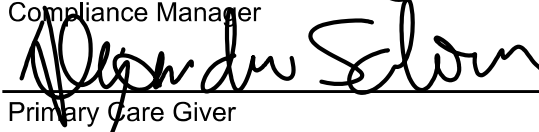
3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire - CCFFH did not have evidence that each CG has conducted a fire drill within the last year.



Compliance Manager


Primary Care Giver

10/6/21

Date
10/6/21

Date

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: Alejandro Salom
(PLEASE PRINT)

CCFFH Address: 15-1360 Poni Moi Street Kea'au, HI 96749
(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?
41. (b)(4)	I recieved a disclosure form for CG#5 and placed it in the CCFFH binder.	10/07/2021	I will ensure that all █ CG's have disclosure form moving forward. I will use a note reminder.
41. (b)(7)	I obtained a recent copy of my TB clearance from █ and placed it in the CCFFH binder.	10/07/2021	I will make sure that all TB clearances are up to date from now on. I have listed when vaccinations are due for each caregiver to ensure that they are obtained on time.
(3P) (b)(6)	I made sure that all █ CG's will participate and conduct a fire drill at least once a year.	10/07/2021	I will make sure that all caregivers are present and are able to conduct in a fire drill annually. I have scheduled each SCG on a calendar to conduct a drill.

All items that were fixed are attached to this CAP

PCG's Signature: Alejandro Salom

Date: 10-13-21

CTA has reviewed all corrected items