

Foster Family Home - Deficiency Report

Provider ID: 2-140053

Home Name: Edna Salom, CNA

Review ID: 2-140053-16

812 West Kawaihāni Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 5/22/2024

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

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

Comment:


6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 6/22/24.


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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.


Comment:


41.(e) - SCG watching patients while PCG was out of the CCFFH, was not able to find the PCG's CCFFH binder until the PCG returned to the CCFFH.



Compliance Manager


Primary Care Giver



Date


Date
5/22/2024 6:03:29 PM

CTA RN Compliance Manager: DAVID AYLING, RN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Edna Salom
(PLEASE PRINT)

CCFFH Address: 812 W. Kawaiiani St. Hilo, HI 96720
(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-e	<p>I have placed my CCFFH binder in the bookshelf with cover.</p> <p>I showed all scgs where these binders are found.</p>	5/28/24	<p>I have to make sure that my scgs know where my CCFFH binders and my charts are found.</p>

All items that were corrected are attached to this POC

PCG's Signature: *Edna Salom*

Date: 5/28/24

CTA has reviewed all corrected items