

Instructions for Completing a Written Corrective Action Plan (CAP)

The CAP must be typed or printed and must be clear and legible.

FAX the CAP and all corrected items to CTA **AND put the Compliance Manager's name at top of page**

1. Type or Print the name of the PCG as listed on the CCFFH certificate
2. Type or Print the complete address of the CCFFH (street, city, state, zip)

3. Rule Number	4. Corrective Action Taken – How was each issue fixed for each violation?	5. Date each violation was fixed	6. Prevention Strategy – How are you going to prevent each violation from happening again in the future?
<p>For each rule violation, put the rule number that is listed on the corrective action report that was given to you by the CTA Compliance Manager</p>	<p>Explain how the violation was corrected. Be specific.</p> <p>Do not repeat the violation in this column.</p> <p>If the violation cannot be corrected, tell us WHY it cannot be corrected.</p> <p>List the details about how the item was corrected.</p> <p>The next column is where you put the date the violation was fixed.</p>	<p>The only thing that goes in this column is a date.</p> <p>Provide the date(s) the violation was corrected.</p> <p>OR</p> <p>Enter the date when it will be corrected.</p> <p>Each violation must have its own date showing when it was corrected.</p>	<p>A Prevention Strategy will tell us what you will do to ensure that this violation won't happen again. Not just for this instance or a particular caregiver or client.</p> <p>Ask yourself HOW can I make sure that this doesn't happen again?</p> <p>The following phrases are not preventive strategies and should not be used:</p> <p>"It will not happen again" and "I will ensure that it gets done" and "I now understand the rules"</p> <p>If you are cited for the same thing this year as you did last year then your prevention strategy did not work. So you will need to come up with a new prevention strategy.</p>

7. Check the box that says you are sending in all corrected items to CTA with the CAP form.
8. The primary caregiver must sign and date the form

In order to be accepted, there can be no blanks and all parts of the form must be filled in according to these directions.

The CAP form will be posted on the Department of Health's website along with the corrective action report.

See Sample Corrective Action Report and Sample CAP for examples of how to respond and fill out the forms.

Foster Family Home - Corrective Action Report

Provider ID: 5-129999

Home Name: Test Provider 2

Review ID: 5-129999-2

129 Street Rd

Reviewer: Angel England

Honolulu HI 96815

Begin Date: 3/5/2020 End Date:

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 visit made for a 2 bed recertification inspection. Corrective Action Report issued during home visit with corrective action plan due to CTA on 4/5/20.

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 APS/CAN checks lapsed for CG#1: was due on/before 1/25/19, was completed on 3/14/19.

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

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

Comment:

41.b.7 No current TB clearance present for CG#3. Last one in record was more than 395 days.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.c.3 No RN delegation for Medication Administration present for CG#3

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.c.5 Medication discrepancy for client #1 noted. Medication administration record, prescription label and doctor's order do not match for 2 medications.

Compliance Manager

Date

Primary Care Giver

Date

CTA RN Compliance Manager: Angel England

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

PCG's Name on CCFFH Certificate: John Smith

(PLEASE PRINT)

CCFFH Address: 129 Street Road, Honolulu, HI 96815

(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	Lapse cannot be corrected.	3/14/20	Home will use a wall calendar to put all due dates on. Background checks will be done at least _____ weeks before due date to prevent future lapses.
41.b.7	2020 TB clearance was obtained for CG#3. It was placed into home record.	3/5/20	Home will use a spreadsheet on laptop to identify when requirements are due to prevent them from expiring. CG#1 will inform other caregivers when an item is due _____ weeks before it is due.
43.c.3	RN Delegation was done for CG#3 by the client's CMA. It was placed into the client record.	3/16/20	Home will notify client's CMA that RN delegation needs to be done within _____ days of a caregiver being added to the home.
54.c.5	Medication discrepancy was corrected by client's CMA, MD and CG#1 on client's Medication Administration Record	3/20/20	CG#1 will look at all the medication administration records and bottles to ensure they both match every time before giving a medication. Home will immediately notify CMA, Pharmacy and/or doctor if they are different.

All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 4/21/2020

CTA has reviewed all corrected items