

Instructions for Completing a Written Plan of Correction for Deficiencies Form

Do not send any attachments to CTA, send only this completed form to address any deficiencies.

This form must be typed or printed and must be legible.

1. Fill in the name of the Community Care Foster Family Home (CCFFH) (this is the name listed on the certificate)
2. Fill in the complete address of the CCFFH (street, city, state, zip)

3. Rule Number	4. Corrective Action Taken	5. Date Corrected	6. Prevention Strategy
Put the corresponding rule number (s) listed on the corrective action report given to you by CTA	<p>Specifically state exactly how the deficiency was corrected.</p> <p>If the deficiency could not be corrected, state the reason it could not be corrected.</p> <p>You do not have to re-state what the deficiency was only how it was corrected.</p> <p>Do not send anything to CTA but this form, do not say you sent anything to CTA, you must detail how the item was corrected.</p>	State the date the deficiency was or will be corrected	<p>Specifically state exactly how this type of deficiency will be prevented from occurring again in the future.</p> <p>It is not acceptable to simply state “It will not happen again”, or “I now understand the rules”</p> <p>Any previous deficiencies for the same type of violation will need to have a different strategy than previously used since that strategy did not work.</p>

7. The primary caregiver of the CCFFH must physically sign this form
8. The primary caregiver must legibly print their name
9. The primary caregiver must date the form

Should any part of this form not be completed or each rule number adequately addressed the CTA RN compliance manager will contact you to correct any outstanding requirements.

This form will be posted on the Department of Health’s website along with the corrective action report.

See Sample Corrective Action Report and Sample Correction of Deficiencies for examples of how to respond and fill out this form.

Foster Family Home - Corrective Action Report

Provider ID: 5-129999

Home Name: Test Provider 2

Review ID: 5-129999-2

2969 Armory Dr Suite 200

Reviewer: Angel England

Nashville HI 37204

Begin Date: 11/26/2052 End Date:

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6.d.1 Home visit made on 4/5/2020 for a 2 bed recertification survey. Corrective Action Report issued during home visit with corrective action plan due to CTA on 5/5/20.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.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 Information Confidentiality [17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.b.5 No training present for CG#5 and HHM#2

Foster Family Home Personnel and Staffing [17-1454-41]

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

Comment:

41.b.7 No current TB clearance present for CG#3

Foster Family Home Client Care and Services [17-1454-43]

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, subchapter 15, HAR;

Comment:

43.c.3 No RN delegation for Medication Administration present for CG#5

Foster Family Home - Corrective Action Report

Foster Family Home

Fire Safety

[17-1454-45]

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.b.2 No fire drill conducted by CG#3 for the past 12 months present

Foster Family Home

Records

[17-1454-52]

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

Comment:

52.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

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: Test Provider 2

CCFFH Address: 2969 Armory Drive, Suite 200, Nashville, TN 37204

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.a.2	Lapse cannot be corrected.	3/14/52	Home understands the background check requirements. Home will use calendar on iphone to input all due dates to prevent any future lapses.
13.1.b.5	CG#5 was trained on confidentiality and signed the form. Home placed the form in the administrative binder.	12/15/52	In the future, all new caregivers and household members will receive this training within XX days of being added to the home.
41.b.7	2052 TB clearance was obtained for CG#3. It was placed into home record.	12/10/52	Home will use a spreadsheet on laptop to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.
43.c.3	RN Delegation was done for CG#3 by client's CMA. It was placed into the client record.	12/17/52	Home will notify client's CMA that RN delegation needs to be performed within XX days of a caregiver being added to the home. Home has developed a calendar in the front of the personnel binder with all due dates.
45.b.2	Fire drill was done by CG#3. Form has been put into home binder.	12/10/52	Fire Drills will be done by each caregiver at least once a year. Home developed a schedule and has it posted on the refrigerator.
52.c.5	Medication discrepancy was corrected by client's CMA, MD and CG#1 on client's Medication Administration Record.	12/15/52	CG#1 will look at all medication orders, bottles and MAR to ensure all match before giving any new medication. Home will notify CMA, Pharmacy and/or doctor if they are different.

Primary Caregiver's Signature: _____

Print Name: _____

Date of Signature: _____