

# Foster Family Home - Corrective Action Report

Provider ID: 1-562175

Home Name: Ann Kim, CNA

Review ID: 1-562175-6

3055 Hollinger Street

Reviewer:

Honolulu

HI 96815

Begin Date: 12/4/2015

End Date: 2/15/16

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

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

Comment:

Home visit for a 3 person recertification review made on 12/4/15. Corrective Action Report issued during home visit with all items due to CTA by 1/4/16.

6.(d)(1) - see applicable sections of the review

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

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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)(1) - No current eCrim for CG [REDACTED] and no proof of second Criminal History with fingerprints for CG [REDACTED] (last FP done on 4/29/13).

7.1.(a)(2) - No second year APS/CAN for CG [REDACTED] CG [REDACTED] and CG [REDACTED] (first year done on 12/7/13).

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Foster Family Home

Personnel and Staffing

[17-1454-41]

- 41.(a)(1) Reside in the community care foster family home;
- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).
- 41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(a)(1) - CG [redacted] needs proof of a current rental agreement.

41.(b)(4) - No Disclosure form present for CG [redacted]

41.(b)(7) - No current TB clearance for CG [redacted] and CG [redacted]

41.(b)(8) - No current CPR, BBP, and First Aid certification for CG [redacted] + <e [redacted] (BBP only)

41.(c) - CG [redacted] needs proof of 12 hours of in-service training.

Foster Family Home

Fiscal Requirements

[17-1454-49.1]

- 49.1.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

49.1.(c) - CG [redacted] not keeping a current Income and Expense record.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

12/4/15  
\_\_\_\_\_  
Date

12/4/15  
\_\_\_\_\_  
Date

7.1 (a)(b) : I sent CTA a current Crim  
for Cb [redacted] on 12/15/15

41 (a)(b) } I sent CTA all items listed  
41 (b)(4) } for rule 41 including a current  
41 (b)(7) } rental agreement,  
41 (b)(8) } disclosure form for CG [redacted]  
41 (k) } TB clearance for CG [redacted]  
CPR, First Aid & BHP CG [redacted]  
and in service training for Cb [redacted]  
on 12/15/15

49.1(cc) : I sent CTA a current record  
for income & expense on 12/15/15

I made a list of all items with  
expiration dates and placed in  
the CTA binda.  
I will receive it every month.

2/15/16

Ann Kim,

[redacted]

[redacted]

[redacted]