

Foster Family Home - Corrective Action Report

Provider ID: 1-513368

Home Name: Hildegard Akee, CNA

94-137 Hulahe Street

Waipahu HI 96797

Review ID: 1-513368-5

Reviewer: David Ayling

Begin Date: 12/11/2017

End Date: 1/10/18

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 2 person CCFFH recertification review made on 12/11/17. Corrective Action Report issued during home visit with all items due to CTA by 1/11/18.

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

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 not done in 2016 for CG #1, CG #2, and CG #3. Done in 2017.

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) - TB clearance expired on 9/7/17 for CG #3 and on 7/18/17 for CG #4.

David Ayling
Compliance Manager

Hildegard Akee
Primary Care Giver

12/11/17
Date

12/10/17
Date

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

CCFFH Name: Hildegard Akee (Hale Laulima L)
 CCFFH Address: 94-137 Hulahe Street, Waipahu, Hawaii, 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(2)	I have obtained current APS/ CAN for CG#2, and CG#3 and placed in my CTA Binder.	1-10-18	I have written a list of all items with expiration dates (TB, CPR, APR/CAN) for all CG's and placed in the front of my CTA binder. I will review the list every month.
41(b)(7)	I have received current TB clearances from (CG#3 & CG#4) and placed in my CTA binder.	1-10-18	
		1-10-18	

Primary Caregiver's Signature: _____

Hildegard Akee

Print Name: _____

H. Akee

Date of Signature: _____

Jan 10-18