

Foster Family Home - Corrective Action Report

Provider ID: 2-581836

Home Name: Esther Skinner, RN

20 Akekeke Street

Hilo HI 96720

Review ID: 2-581836-5

Reviewer: Carol Copeland

Begin Date: 2/22/2018

End Date: 3-27-18

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 survey performed to recertify two client home. Home not in compliance on day of survey. Corrective action report issued with plan of correction due to CTA by 3/22/18.

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;

Comment:

7.1.(a)(1) No state name check in home binder for care givers # 2 and 4.

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

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.

Comment:

41.(b)(7) No TB clearance in home binder for care giver # 4.

41.(b)(8) No CPR, blood borne pathogens or first aid for caregivers # 2 and 4.


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:
CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(1)	Did criminal history records checks	2/22/18	Home will use reminder calendar in the kitchen for all caregivers to see.
41.(b)(7)	Got copy and put in binder	2/23/18	Home will do name check February of each year for all caregivers.
41.(b)(8)	Got copy and put in binder for caregiver #4 Caregiver # 2 went for CPR, First Aid, Bloodborne pathogen	2/23/18 2/23/18	Home will use a checklist on the front binder to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.

Primary Caregiver's Signature: 

Print Name: Esther Skinner Date of Signature: 03/27/18