

Foster Family Home - Corrective Action

Provider ID: 2-180055

Home Name: Hestia Lee, CNA

Review ID: 2-180055-2

151 Chong Street

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 1/4/2019

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 inspection performed to certify new two client home. Home not in compliance on day of inspection. Corrective action report issued with plan of correction due to CTA by 2/4/19.

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

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.(b)(8) No blood borne pathogen training in home binder for care givers # 1 or 2.

41.(c) No record of annual in-service training for care givers 1 or 2.

Carol Copeland RN MS
Compliance Manager

2/14/19
Date

Hestia Lee Mester
Primary Care Giver


2/11/2019
Date

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

CCFFH Name: Hestia Lee

CCFFH Address: 151 Chong St. Hilo, HI 96720

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	CG#1 and CG#2 got blood borne pathogen training and a copy was put in home binder.	2/11/19	Home understands the blood borne pathogen inservice requirements. Home will use calendar to track all due dates to prevent any future lapses.
41.(c)	Annual inservice training completed for CG#1 and CG#2 and certificates put in home binder.	2/11/19	In the future, all new caregivers and household members will receive this training within 10 days of being added to the home.

Primary Caregiver's Signature: 

Print Name: Hestia Lee

Date of Signature: 2/14/19