

Foster Family Home - Corrective Action Report

Provider ID: 2-130010

Home Name: Ronald Camper, CNA

Review ID: 2-130010-5

177 East Kinai Place

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: ~~3/24/2019~~
3/21/19 CC
3/24/19

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 recertify three client home. Home not in compliance on day of inspection. Corrective action report issued with plan of correction due to CTA by 4/21/19.

Foster Family Home Background Checks [11-800-8]

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

Comment:

8.(a)(1) The last eCrim was completed on 4/25/16 for CG #1 and on 1/29/17 for CG #2.

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.

Comment:

41.(b)(8) No current CPR or First aid in home binder for CG #2.

Carol Copeland RN MSW
Compliance Manager

3/21/19
Date

Ronald Camper
Primary Care Giver

3/21/19
Date

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

CCFFH Name: RONALD CAMPER
 CCFFH Address: 177 E. Kinai Pl., HILO, HI 96720

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)	ECRin obtain for caregiver 1 & 2 A copy was placed in my home binder.	3/29/19	Place notes to remind me to keep update on ECRin, needed documents. ✓ monthly.
41.(b)(8)	CPR and First Aid was completed for caregiver #2 and placed in my binder.	3/29/19	I have put this information on my cell phone as a reminder and will check it monthly.

Primary Caregiver's Signature: 

Print Name: Ronald Camper Date of Signature: 4/02/19