

# Foster Family Home - Corrective Action Report

Provider ID: 4-180009

Home Name: Faina Borje, CNA

Review ID: 4-180009-3

120 Kealohilani Street

Reviewer: Lori O'Keefe

Kahului HI 96732

Begin Date: 2/20/2020

## Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.d.1 - Recertification inspection conducted for the 2 bed home. Home is requesting to increase to 3 bed home and home meets 3 client requirements.

A corrective action report(CAR)was issued during the visit with a corrective action plan(CAP)due back to CTA before March 20,2020.

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

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.2 - CG#1 had a lapse of the APS/CAN check. This was due by 9/26/19 but not done until 2/13/2020.

Lori O'Keefe  
Compliance Manager

Faina Borje  
Primary Care Giver

2/20/2020  
Date

2/20/2020  
Date

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

CCFFH Name: Faina Borje

CCFFH Address: 120 Kealohilani St. Kahului, HI 96732

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.2	Lapse cannot be corrected. There is a current clearance on file.	2/21/20	I have re-read the rule and had the APS/CAN requirement explained to me. I now understand that APS/CAN will be done every other year. The due date is posted on the current clearance.

Primary Caregiver's Signature: *Faina Borje*

Print Name: FAINA D. BORJE

Date of Signature: 02-21-2020