

Foster Family Home - Corrective Action Report

Provider ID: 2-180055

Home Name: Hestia Lee, CNA

Review ID: 2-180055-4

151 Chong Street

Reviewer: Lori O'Keefe

Hilo HI 96720

Begin Date: 1/3/2020

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

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

Comment:

Recertification inspection of this 2 bed home. There have been no clients in the home since certification. The home was issued a corrective action report via email and a written plan of correction is due back to CTA by 2/6/20.

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;

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

Comment:

8.a.1, 8.a.2 - CG#1 missed second fingerprint clearance that was due by 7/30/19. There is no current on file. The APS/CAN check was due by 7/30/19 but not done until 9/10/19.

CG#3 has no initial fingerprint or current fingerprint clearance in the home binder. The first APS/CAN check is dated 11/9/18, the second was due by 11/9/19. There is no current clearance on file.

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

41.(b)(7) Have a current tuberculosis clearance that meets department 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 - CG#1 TB clearance expired 12/13/19. There is no current clearance in the home binder.

41.b.8 - CG#1 CPR/First Aid training expired on 11/10/19. There is no current CPR/First Aid on file.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(2) Automobile; and

Comment:

51.a.2 - Auto insurance expired 11/18/19. Home has current insurance cards but there is no declarations page to confirm the correct coverage amounts are in place.

Lori O'Keefe RN

Compliance Manager

1/6/2020

Date

see next page for signature

Primary Care Giver

Date

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Lori O'Keefe RN
Compliance Manager

[Signature]
Primary Care Giver

1/6/2020
Date

2/22/20
Date

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

CCFH Name: Hestia Lee

CCFH Address: 151 Chong St. Hilo, HI 96720

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1	CG #1 Second fingerprint Done on 1/31/20 There is current on my home binder	2/22/20	Second fingerprint done on 1/31/20 put copy in home record will check often. make sure doesn't get expired.
8.a.2	CG #1 The Aps/can was done on 1/17/20 The current determination is in my home binder	2/22/20 8.a.2	The Aps/can was done on 1/17/20 Will check often. Reminder of renewal.
8.a.1	CG #3 Second fingerprint is done on 1/31/20 current determination is on my home binder	2/22/20 8.a.1	Second fingerprint is done on 1/31/20 The current is on my home binder will check often for renewal.
41.b.7	CG #1 TB clearance is current, done on 2/2/20 will be in my home binder	2/22/20 41.b.7	TB clearance will use laptop to identify get them done before they die.
41.b.8	CG #1 CPR / First Aid is current will put it in my home binder	2/22/20 41.b.8.	CPR / FIRST AID completed. trained copy put home binder will check often for renewal.
51.a.2	Auto insurance declaration page and correct coverage are in home binder	2/22/20	Auto insurance page and current copy is home binder Will check for reminder to renewal.

Primary Caregiver's Signature: Hestia Lee

Print Name: Hestia Lee

Date of Signature: 2/22/20