

Foster Family Home - Corrective Action Report

Provider ID: 1-200008

Home Name: Lourdes Ibe, CNA

1621 Kaumoli Street

Pearl City

HI 96782

Review ID: 1-200008-1

Reviewer: David Ayling

Begin Date: 3/12/2020

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

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with all items due to CTA by 3/1/20.

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)(2) - No first year APS/CAN and fingerprints for HHM #1, #2, and #3

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

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

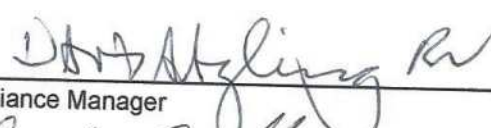
41.(a)(4) - CG #1 needs at least 1 approved SCG.

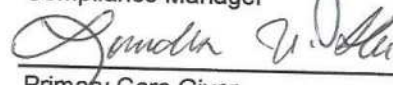
41.(b)(5) - CG #1 needs to increase Property damage on auto policy to 30,000.

41.(b)(7) - No current TB clearance for CG #1.

41.(b)(8) - No current Blood Borne Pathogen certification for CG #1.

41.(f)(1) - No current TB clearance for HHM #1, #2, and #3.


Compliance Manager


Primary Care Giver


Date


Date

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

CCFFH Name: LOURDES V. IBE

CCFFH Address: 1421 Kaumoli' ST Pearl City HI 96782

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|---|----------------|--|
| 8(a)(1)(E) | I received the current APS/CANI and fingerprint front yardprint for #1M#1, #2 & #3. I put the paper in in my CCFFH binder | 4/25/20 | I made a list of all the items with expiration dates (APS/CANI) for all care giver and #M#S. I put it on the front CCFFH binder. |
| 41(a)(4) | I added a SCB to my CCFFH | 4/25/20 | I will always have at least one SCB at all times |
| 41(b)(5) | My auto insurance to the 30,000 property damaged | 4/25/20 | x will keep my other insurance with the right amount |

Primary Caregiver's Signature: LOURDES V. IBE

Print Name: LOURDES V. IBE

Date of Signature: 04/25/2020 LOURDES V. IBE

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 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: LOURDES V. IBE

CCFFH Address: 1621 Kaunaloa ST Pearl City HI 96782

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|--|----------------|---------------------|
| 41.(91) D | I got current TB clearance for CB# 1 and HHM# 1 #2 + #3 and put in my CCFFH binder | | |
| 41.(b) 8) | I did my blood borne pathogens class. I put the certificate in my CCFFH binder | | |

Primary Caregiver's Signature: LOURDES V. IBE

Print Name: LOURDES V. IBE

Date of Signature: 04/25/2020 LOURDES V. IBE