

# Foster Family Home - Corrective Action Report

Provider ID: 2-140001

Home Name: Arcelie Weaver, CNA

Review ID: 2-140001-10

1393 Komohana Street

Reviewer: Lori O'Keefe

Hilo HI 96780

Begin Date: 1/10/2020

## 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 this 3 client home. A corrective action report was issued during the visit with a written plan of correction due to CTA no later than 2/10/2020.

## 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.2 - CG#1 APS/CAN was due by 7/19/19. There is no current APS/CAN in the home binder.

8.a.1, 8.a.2 - CG#2 Has a current APS/CAN/fingerprint result dated 4/8/19 but there are no previous results to confirm check was done on time. eCrim (state name check) is current dated 4/15/19 but there is no previous result on file to confirm check was done on time.

8.a.1, 8.a.2 - CG#3 has an APS/CAN/Fingerprint clearance dated 2/25/18<sup>15</sup>. There is no 2017 or 2019 on file.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.b.7 - CG#2 has a current TB result dated 10/21/19 on file but there is no previous result to confirm TB was done on time.

41.b.8 - CG#2 has a current CPR/First Aid card dated 11/18/19 on file but there is no previous result to confirm TB was done on time.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.c.3 - There is no RN delegation in client #2s chart for any of the care givers.

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(8) Personal inventory.

Comment:

54.c.2 - Current service plans for Client 1 and 2 have not been signed by the client/representative.

54.c.8 - client #3 does not have a personal inventory of belongings in the chart.

Lori O'Keefe  
Compliance Manager

[Signature]  
Primary Care Giver

1/10/2020  
Date

1/10/2020  
Date