

Foster Family Home - Corrective Action Report

Provider ID: 1-562175

Home Name: Ann Kim, CNA

3055 Hollinger Street

Honolulu

HI 96815

Review ID: 1-562175-13

Reviewer: David Ayling

Begin Date: 12/2/2020

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 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 1/2/21.

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) - CG #3 needs 2nd year APS/CAN and Fingerprints. Expired on 7/11/19. CG #2 needs proof of current APS/CAN. Needs 2018 and 2020.

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.

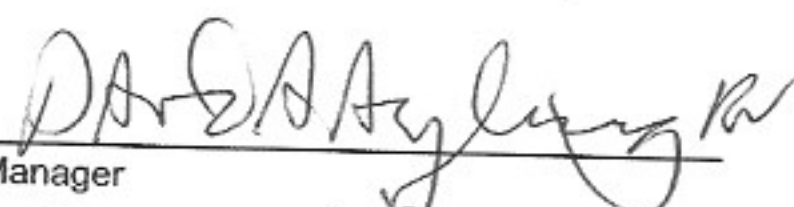
41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:


41.(b)(7) - No current TB clearance for CG #2 and CG #3. Expired 4/2/19 for CG #3 and 9/27/19 for CG #2.

41.(b)(8) - No current CPR/First Aid for CG #1. Expired on 9/22/2020. No current Blood Borne Pathogen certification for CG #2 and CG #3.

41.(c) - No in-service training for CG #2 and CG #3 for 2020.


Compliance Manager

12/2/2020
Date


Primary Care Giver

12/2/20
Date

CTA RN Compliance Manager: David Ayling, RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Ann Kim

(PLEASE PRINT)

CCFFH Address: 3055 Hollinger St., Honolulu, Hawaii 96815

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1) (2) 41.(b) 7 41.(b) 8 41.(c)	I got the current APS/CAN and Fingerprints, TB clearances, CPR/First Aid, Blood Borne Pathogen and In-service training certificates from all CG's and put them in my ccffh binder.	12/18/20	I made a list of all the expiration dates for APS/CAN and Fingerprints, TB clearances, CPR/First Aid, Blood Borne Pathogen and In-service training for all CG's and put the list on the front of my ccffh binder.

All items that were fixed are attached to this CAP

PCG's Signature: *Ann Kim*

Date: 12/18/2020

CTA has reviewed all corrected items