

Foster Family Home - Corrective Action Report

Provider ID: 4-591843

Home Name: Imelda Albano, CNA

Review ID: 4-591843-7

386 Kahiki Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 8/14/2020

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

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

Comment:

6.(d)(1) - Unannounced annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 9/14/2020.

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)(1), 8.(a)(2) - HHM#1 missing APS/CAN, eCrim/Fingerprinting

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

41.(b)(1) The primary caregiver must be at least twenty-one years old, and the substitute caregiver shall be at least eighteen years old;

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

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

Comment:

- 41.(f), 41.(f)(1) - No file created for HHM#1, missing TB Clearance

Foster Family Home Fire Safety [11-800-46]

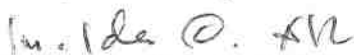
46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

- 46.(a) - Missing July 2020 fire drill



Compliance Manager



Primary Care Giver

8/14/2020

Date

8/14/2020

Date

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Imelda O. Albano
(PLEASE PRINT)

CCFFH Address: 386 Kahiki Street, Kahului Hawaii 96732
(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 8.a.2	Household member obtained APS/CAN/Ecrim, copy filed in home binder and sent to CTA. HHM#2	8/21/20	Home will use a Post it, Posted on white board reminding the renewal before its due date.
41.b.1	TB Clearance, Pathogen and Inservice was Obtained was filed in home binder	8/26/20	Household member added HHM#2
41.f.1	HHM#1 being removed	8/14/20	Omitted because did not comply Moved out of home.
46.a	Lapse can not be corrected	8/14/20	Home will use a Post it on laptop and on white board to identify when its due, will inform SCG. designated their schedules ahead of time.

All items that were fixed are attached to this CAP
PCG's Signature: Imelda O. Albano Date: 09-08-20

CTA has reviewed all corrected items