

Foster Family Home - Corrective Action Report

Provider ID: 2-120004

Home Name: Estelle Leslie, CNA

Review ID: 2-120004-11

2506 Kilauea Avenue

Reviewer: Terri Van Houten

Hilo HI 96720

Begin Date: 3/24/2021

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 home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 4/24/2021.

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) - Lapse in eCrim for CG#1 and 3- Expired 2/25/21. No current eCrim in records. CG#2 ecrim expired 2/25/21 and renewed on 3/24/21


8.(a)(2)- Lapse in APS/CAN for GC#1, 2 and 3 - Expired 2/21/21


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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(e) - CG#2 did not have a copy of their SCG approval form in the records



Compliance Manager


Primary Care Giver

3/24/21

Date
3/24/2021

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: Estelle Leslie, CNA
(PLEASE PRINT)

CCFFH Address: 2506 Kilauea Ave, Hilo HI 96720
(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	Lapse cannot be corrected	3/25/21	Home will use a wall calendar to enter all due dates. Background checks will be done at least 2 weeks before due date to prevent future lapses.
41.e	CG#2 completed application and submitted to CTA for approval on 4/20/21	4/19/21	CG#2 was CTA approved through the old process. Home will make sure to have a copy of proper and current CTA approval form for each caregiver on file.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 4/20/2021

CTA has reviewed all corrected items