

# Foster Family Home - Corrective Action Report

Provider ID: 2-559106

Home Name: Albert Gary Gardner, RN

Review ID: 2-559106-11

77 West Naauao Street

Reviewer: Terri Van Houten

Hilo HI 96720

Begin Date: 6/23/2021

## 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 annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 7/23/2021.

## 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;

Comment:

8.(a)(1) - CCFFH did not have a current APS/CAN for CG#1, 2, 3, 4

## 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.

Comment:

41.(b)(7) - CCFFH did not have record of a current TB clearance for CG#1, 2, 3, or 4.

41.(b)(8) - CG#3 BLS/First aid expired 10/2020

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire - CCFFH did not have evidence that fire drills have been conducted monthly for the last 12 months. Last documented fire drill was from 2/2021.

  
Compliance Manager  
  
Primary Care Giver

6/23/21  
Date  
6/23/21  
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: Albert Gary Gardner

*(PLEASE PRINT)*

CCFFH Address: 77 W. Naauao St. 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)	CCFFH current APS/CAN for CG#1, 2, 3, 4.		CG will monitor all requirements every quarterly for self and all CG. I will employ a calendar system to insure Items do not expire
41.(b)(7)	TB clearance obtained for CG#1, 2, 3, 4.	7/09/21 7/09/21 6/24/21 6/24/21	CG#1 CG#2 CG#3 CG#4 Monitor current standards quarterly. I will employ a calendar system to insure Items do not expire
41.(b)	CG#3 BLS/First aid card obtained 10/2020	6/24/21 7/01/21	copy of current cards obtained from CG#3 (BLS/First aid). I will employ a calendar system to insure Items do not expire
(3P)(b)(1)	Cannot correct past action.	6/24/21	CG will monitor and insure monthly report completed and filed.

All items that were fixed are attached to this CAP

PCG's Signature: *Albert Gary Gardner RN-BC*

Date: 8/3/21

CTA has reviewed all corrected items