

# Foster Family Home - Deficiency Report

Provider ID: 2-509888

Home Name: Grace Andres, CNA

Review ID: 2-509888-10

1682 Nohoana Place

Reviewer: Terri Van Houten

Hilo HI 96720

Begin Date: 10/4/2021

## 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 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to [REDACTED] by 11/5/2021.

CCFFH does not have any clients at this time.

## 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.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7) - CG#2 did not have evidence of current TB clearance.

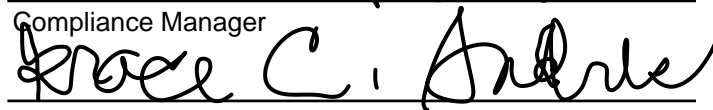
41.(b)(8) - CG#2 did not have evidence of current CPR/First aid or Bloodborne pathogen training.

41.(c) - CG#2 did not have evidence of 12 hours of inservice training completed within the last 12 months.

41.(g) - CG#2 did not have evidence of a current CNA certificate.




Compliance Manager



Primary Care Giver



Date



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: Grace Andres  
(PLEASE PRINT)

CCFFH Address: 1682 Nohoana Pl, 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?
41.(b) (7)	TB Clearance for CG#2 is attached	10/08/21	A spreadsheet will be maintained for tracking training and certifications (see attached spreadsheet)
41.(b) (8)	Current certificates for CG#2 for CPR/First Aid and Bloodborne pathogen are attached	10/07/21	A spreadsheet will be maintained for tracking training and certifications (see attached spreadsheet)
41.(c)	Inservice training records for CG#1 and CG#2 are attached	10/08/21	A spreadsheet will be maintained for tracking training and certifications (see attached spreadsheet)
41.(g)	Current CNA certificate for CG#2 is attached.	10/07/21	A spreadsheet will be maintained for tracking training and certifications (see attached spreadsheet)

All items that were fixed are attached to this CAP  
PCG's Signature: Grace C. Andres

Date: 10/08/21

CTA has reviewed all corrected items