

Foster Family Home - Deficiency Report

Provider ID: 1-562175

Home Name: Ann Kim, CNA

3055 Hollinger Street

Honolulu

HI 96815

Review ID: 1-562175-16

Reviewer: David Ayling

Begin Date: 12/29/2021

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

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

Comment:


6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 1/29/22.

Foster Family Home Background Checks [11-800-8]

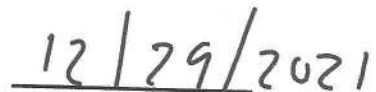
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - APS/CAN expired on 1/21/2021 for CG #3. Renewed on 4/19/2021.


Compliance Manager


Primary Care Giver


Date


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 Hon, HI 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) (2)	I showed CTA a current APS/CAN for CG #3 on the day of my inspection.	12/29/21	I put APS/CAN expiration date for all CG'S on my calendar. I will review every month.

All items that were fixed are attached to this CAP

PCG's Signature: Ann Kim

Date: 12/29/21

CTA has reviewed all corrected items