

# Foster Family Home - Corrective Action Report

Provider ID: 1-160068

Home Name: Rubylyn Fiesta, NA

94-1344 Hiapo Place

Waipahu

HI 96797

Review ID: 1-160068-2

Reviewer: David Ayling

Begin Date: 7/18/2017

End Date: 7/28/17

## Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 7/18/17. Corrective Action Report issued during home visit with all items due to CTA by 8/18/17.

6.(d)(1) - see applicable sections of the review

## Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

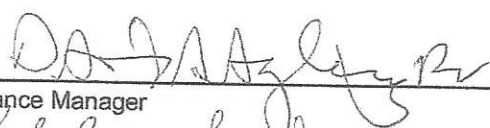
7.1.(a)(1),(2) - No second year APS/CAN and fingerprints done for CG #3(expired on 5/19/17).

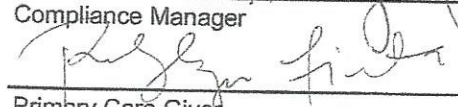
## Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current First Aid certification for CG #1.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

7.1.(a)(1),(2) - I have received a copy of CG#3's APS/CAN and Fingerprints and placed them in my CTA binder.

11.(b)(8)

- I got a copy of CG#1's First aid certification card and placed in my CTA binder

- I have placed all items with expiration dates (APS/CAN, CPR, TB) on my phone calendar and set the reminder for 1 month ahead.

Rubylyn Fiesta 7/28/17  
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