

Foster Family Home - Corrective Action Report

Provider ID: 1-511908

Home Name: Bernadette Velasco, RN

Review ID: 1-511908-4

91-1030 Kaiohee Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 9/25/2017

End Date: 10/6/17

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 9/25/17. Corrective Action Report issued during home visit with all items due to CTA by 10/25/17.

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

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

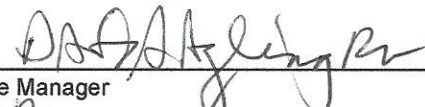
41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

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

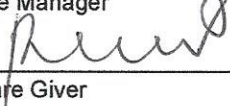
Comment:

41.(b)(7) - No current TB clearance present for new SCG, CG #2.

41.(b)(8) - No current CPR certification for CG #5. Expired on 9/10/17.


Compliance Manager

9/25/17
Date


Primary Care Giver

9/28/17
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Bernadette Velasco
CCFFH Address: 91-1030 Kaiolu ST - Ewa Beach HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(7)	I received a current TB clearance for SCG #2. I placed in my CTA binder.	9/26/17	I will now use my phone calendar to remind me
41(b)(8)	I received a current CPR Certificate for SCG #5 and placed it in my CTA binder	9/26/17	when the requirements are due. I have set the phone for 1 month before expirations.

Primary Caregiver's Signature: Bernadette Velasco

Print Name: Bernadette Velasco Date of Signature: 10/6/17