

Foster Family Home - Corrective Action Report

Provider ID: 1-160096

Home Name: Jelly Repuya, CNA

4483 Luaole St.

Honolulu

HI

96818

Review ID: 1-160096-2

Reviewer: David Ayling

Begin Date: 10/19/2017

End Date: 10/23/17

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 10/19/17. Corrective Action Report issued during home visit with all items due to CTA by 11/19/17.

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

Foster Family Home

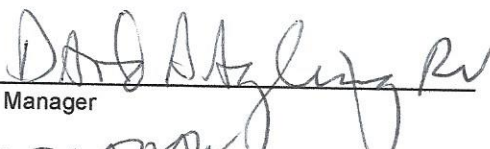
Personnel and Staffing

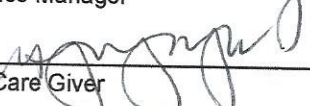
[17-1454-41]

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 Blood Borne Pathogen certification for CG #1. Expired 3/16/17.


Compliance Manager


Primary Care Giver

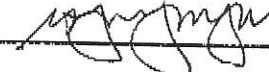
10/19/17
Date

10/19/17
Date

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

CCFFH Name:
 CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(9)	I have gotten my current Blood Borne Pathogen Certificate and place in my CTA binder.	10/23/17	I have placed all items with expiration dates (APS/can, TB CPR) and my calendar with a reminder set for 1 month prior to expiration

Primary Caregiver's Signature: 

Print Name: Jelly T. Reguiza

Date of Signature: 10/23/17