

Foster Family Home - Criteria Report

Provider ID: 1-170067

Home Name: Edna Leano

Review ID:

94-401 Loaa Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 12/01/2017

End Date: 12/07/2017

| Foster Family Home | Required Certificate | [17-1454-6] |
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| <input checked="" type="checkbox"/> | 6.(b) | Any person, agency, or organization that wants to operate a home as a community care foster family home to provide, for a fee, twenty-four-hour living accommodations, including personal care and homemaker services for adults who have nursing facility level of care needs and are not related to the person providing the care, shall obtain a certificate of approval from the department. |
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| | 6.(d) | To be certified as a community care foster family home, a person, agency, or organization shall: |
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| <input type="checkbox"/> | 6.(d)(1) | Comply with all applicable requirements in this chapter; and |
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| <input checked="" type="checkbox"/> | 6.(d)(2) | Not have had a previous license or certificate to provide social or health care services that was revoked within twelve months of the current application for a certificate of approval, except that this restriction shall not apply if the revocation was successfully appealed. |
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Comment: 6.(d)(1) Home visit made for a new 2 bed CCFFH certification survey. Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 12/14/2017.

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

The primary caregiver shall meet the following requirements:

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

41(b)(8)-No CPR, First-aid and blood-borne training present on CG#2 in the Home's folder.

Carrie Wakai RW
Compliance Manager

12-1-17
Date

J Leano
Primary Care Giver

12-1-17
Date

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

CCFFH Name: ESL FOSTER HOME HOME

CCFFH Address: 94-401 LOAA ST WAIPAHU HI 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|--|----------------|---|
| 41.6.8 | CPR / FIRST-AID and blood-borne training present on CG #2 in HOMES FOLDER | 12/7/17 | Home will use a spreadsheet on laptop to identify when requirements are due to 2 months before they expire to allow time to get them done before (due) they are due |

Primary Caregiver's Signature: *E. Leano*

Print Name: Edna Leano

Date of Signature: 12-7-17