

Foster Family Home - Corrective Action Report

Provider ID: 1-561135

Home Name: Imelda Sausal, CNA

Review ID: 1-561135-5

94-791 Kaaka Street

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 8/30/2017

End Date: 11/3/2017

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

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

Comment:

6.(d)(1) Home visit made for a 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/30/2017

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;

Comment:


7.1.(a)(1)CG#2 lapsed in eCrim due on/before 5/7/17 was done on 6/17/17.

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)CG#1 completed CPR and First Aid training online. CG#2 lapsed on CPR and First Aid due on/before 6/1/15 and was done 3/18/16.


Compliance Manager


Primary Care Giver

8/30/2017
Date

8/30/17
Date

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

CCFFH Name: IMEE FOSTER FAMILY HOME
 CCFFH Address: 94-791 KAAKA ST. WAIPAHU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.92	LAPSES CANNOT BE CORRECTED	AUGUST 31, 2017	→ THE FOSTER HOME PROVIDER UNDERSTANDS THE BACKGROUND CHECK REQUIREMENTS. HOME WILL USE CALENDAR/ IPHONE TO INPUT ALL DUE DATES TO PREVENT LAPSES IN THE FUTURE.
41-b.81	CPR + FIRST AID TRAINING BY PCC WAS COMPLETED FROM AMERICAN RED CROSS TRAINING ON 9/11/17.	9/11/17	→ THE FOSTER HOME PROVIDER ALREADY UNDERSTANDS THAT WE ARE STRICTLY NOT ALLOWED TO GET CPR + FIRST AID TRAINING ONLINE.
41-b.82	CPR + FIRST AID TRAINING OF SCG LAPSES AND CANNOT BE CORRECTED	AUGUST 31, 2017	→ THE FOSTER HOME PROVIDER UNDERSTANDS OUR REQUIREMENTS + WE MUST USE CALENDAR/ IPHONE TO INPUT ALL THE DUE DATES TO PREVENT ANY LAPSES IN THE FUTURE.

Primary Caregiver's Signature: 

Print Name: INELDA SAUSAL

Date of Signature: OCTOBER 22, 2017