

Foster Family Home - Corrective Action Report

Provider ID: 1-170061

Home Name: Arceli Taclay

94-330-B Paiwa Street

Waipahu

HI 96797

Review ID: 1-170061-1

Reviewer: Carrie Wakai

Begin Date: 12/6/2017

End Date: 12/19/2017

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 was made for a new 1 bed CCFFH. A corrective action report was issued during the visit with a written plan of correction due to CTA by 12/20/17.

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) & 7.1(a)(2)-Current APS/CAN/Fingerprinting results for CG#2, CG#3, HHM#2 were not present in the Home's folder.

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 documentation of current TB clearance for HHM#2 present in the Home's folder.

41(b)(8)-No blood borne pathogen training present on CG#2 and CG#3.

Carrie Wakai
Compliance Manager

[Signature]
Primary Caregiver

12/06/17
Date

12/06/17
Date

Community Care Foster Family Home (CCFFH)

Written Plan of Correction for Deficiencies

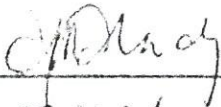
Listed in Corrective Action Report

CCFFH Name: Arceli G. Taclay

CCFFH Address: 94-330 #B Paiwa Street Waipahu Hawaii, 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1 (a) 1 & 7.1(a)2	Current APS/CAN fingerprint results for CG#2, CG#3 and HHM#2 already placed in the Home's folder	12/15/2017	In the future, all fingerprint results will be placed properly in the Home's folder to make sure all documents are filed properly
4.1(b)(8)	Blood borne pathogen training documentation for CG#2 and CG#3 already placed in the Home's folder	12/12/2017	For future documentation, will make sure that it will be placed in the Home's folder so that it will ready for reference
4.1.(b)(7)	2017 TB clearance for HHM#2 was obtained and already placed in the Home's folder	12/11/2017	Home will use notification from phone calendar to make sure get notified two months before it will expired

Primary Caregiver's Signature: _____



Print Name: ARCELI G TAOLAY

Date of Signature: 12/19/2017