

# Foster Family Home - Corrective Action Report

Provider ID: 1-170049

Home Name: Maria Rafael, NA

Review ID: 1-170049-1

1140 Kam IV Road

Reviewer: Carrie Wakai

Honolulu HI 96819

Begin Date: 8/31/2017

End Date: 10/06/2017

## 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 new 2 client CCFFH certification survey. A corrective action report was issued during the visit with all items due to CTA by 9/14/17.

## 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)-APS/CAN/Fingerprinting results not present on CG#2 and CG#3.

## 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)-Current TB clearance not present on CG#1 & CG#2.

41(b)(8)-Current CPR/First Aid training documentation not present on CG#2. First Aid training documentation not present on CG#3. Current Blood borne training documentation not present on CG#1, CG#2 & CG#3.


Carrie Wakai  
Compliance Manager  
Manuel P. Del  
Primary Care Giver

8/31/17  
Date  
8/31/17  
Date

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

CCFFH Name: MARIA TERESA RAFFEL  
CCFFH Address: 1146 KAM IV RD.

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.(1)(a)(i) 7.(1)(a)(j)	APS/CAN/FINGER PRINTING WAS COMPLETED 9/13/17 CG# 2 AND FILED ON THE FOLDER. CG# 3 WAS COMPLETED AND FILED ON THE CALENDAR	9/14/17 10/6/17	JUST TO PREVENT ACCURING AGAIN IN FUTURE. I WILL PUT ON MY CALENDAR OF APS/CAN DUE TO DATES.
41(B)(7)	TB CLEARANCE WAS OBTAIN CG# 1, 2, 3 PLACED INTO CALENDAR. WAS COMPLETED 9/11/17. FILED AT HOME.	9/14/17	MARK ON MY CALENDAR WEEKLY, TO KEEP UPDATED THE TB CLEARANCE REQUIREMENTS FOR MY CAREGIVERS AND HOUSEHOLD MEMBERS ON THE CALENDAR.
41(B)(6)	BLOOD BORNE PATHOGEN WAS OBTAIN CG# 1 & 2, 3 WAS PLACED INTO HOME AND COMPLETED SEPT. 2017.	9/14/17	BLOODBORNE PATHOGENS DUE DATES MY CAREGIVERS AND HOUSEHOLD MEMBERS. ON THE CALENDAR

Primary Caregiver's Signature: 

Print Name: MARIA TERESA RAFFEL Date of Signature: 10-6-17

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

CCFFH Name: MARIA TERESA RAFAEL  
 CCFFH Address: 1140 KAM IV ROAD

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(P)(8)	BASIC CPR FIRST AID WAS OBTAIN CG#2 CG#3, AND PLACED INTO HOME. WAS COMPLETED 9/27/17 FILED AT HOME	9/27/17	BASIC CPR FIRST AID WILL BE DONE BY EACH CARE GIVER AT LEAST 1 TO 2 YEARS. MARK ON CALENDAR OF CPR

Primary Caregiver's Signature: 

Print Name: MARIA TERESA RAFAEL Date of Signature: 10-6-17