

Foster Family Home - Corrective Action Report

Provider ID: 1-613035

Home Name: Thelma Giron, C NA

Review ID: 1-613035-5

94-1039 Lumikula Street

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 12/11/2017

End Date: 12/29/2017

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 1/11/2018.

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.

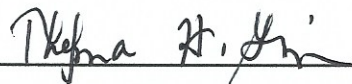
Comment:

41.(b)(7) and 41 (f) Lapsed on TB Clearances as follows: CG#1 - due on/before 6/28/16 was done 10/26/17, CG#2 - due on/before 1/9/17 was done 10/31/17, CG#3 - due on/before 1/9/17 was done 11/22/17, and CG#4 - due on/before 6/28/16 was done 10/26/17; HHM#1 - due on/before 1/9/17 was done 11/22/17 and HHM#2 - due on/before 6/28/16 was done 10/13/17.

41.(b)(8) Lapsed on CPR and First Aid due on/before 5/1/17 was done 5/6/17 for CG#1,2,3,and #4. Lapsed on Blood Borne Pathogen (BBP) as follows: due on/before 6/30/16 was done 11/22/17 for CG#1, due on/before 5/15/16 was done 11/26/17 for CG#2, and due on/before 6/30/16 was done 11/26/17 for CG#3. BBP expired on 5/1/16 no current BBP present in the home for CG#4.


Compliance Manager

12/12/2017
Date


Primary Care Giver

12/11/17
Date

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

CCFFH Name: THELMA H. GIRON
 CCFFH Address: 94-1039 Lumikula st. - Waipahu, Hi. - 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(7) 41(F) 41(c)(8)	Lapse cannot be corrected CG #4 finished blood borne pathogen class.	12/11/17 5/6/17	The Home use a calendar to mark all requirements to be done before due date From now on will remind CG #4 to do blood borne Pathogen every year.

Primary Caregiver's Signature: Thelma H. Giron

Print Name: THELMA H. GIRON Date of Signature: 12/11/17