

Foster Family Home - Corrective Action Report

Provider ID: 1-160005

Home Name: Eden Jamandre Orpilla, CNA

Review ID: 1-160005-3

2025 Uhu St

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 1/26/2018

End Date: 2/12/18

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

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 1/26/18. Corrective Action Report issued during home visit with all items due to CTA by 2/26/18.

6.(d)(1) - see applicable sections of the review

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:

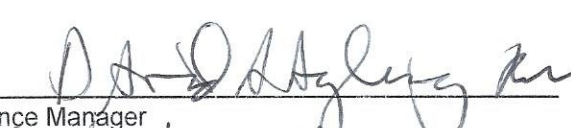
41.(b)(8) - CPR and First Aid certification expired on 11/25/17 for CG #1 and CG #2. Not renewed until 1/10/18.

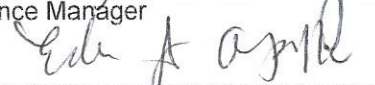
Foster Family Home Fiscal Requirements [17-1454-49.1]

49.1.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

49.1.(b) - CG #1 not maintaining any fiscal records.


Compliance Manager


Primary Care Giver


Date


Date

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

RECEIVED
 FEB 07 2017
 BY:

CCFFH Name: Eden J. Orpilla
 CCFFH Address: 2025 Uhu Street
Honolulu, HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	Have documentation of current training in blood borne pathogens and infection control, cardiopulmonary resuscitation and basic First Aid	1/29/18	I showed CTA a current CPR/First Aid certificate on the day of my review 1/29/18 for CG #1 and CG #2. I have made a list of all items with expiration date (CPR, First Aid, APS (can...)) for all CG's and placed it in the front of my CTA binder. I will review it every month.
49.(c)(B)	The home shall maintain fiscal records, document and other evidence that sufficiently and properly reflect all funds received and all direct and indirect expenditures of any nature related to the related to the home operation.	1/29/18	I downloaded the monthly budget fillable form from the CTA website and will use it to maintain my fiscal records

Primary Caregiver's Signature: Eden J. Orpilla

Print Name: Eden J. Orpilla

Date of Signature: 02/07/2018