

Foster Family Home - Corrective Action Report

Provider ID: 1-100036

Home Name: Ederlina Manzano, CNA

Review ID: 1-100036-5

707 Kamehameha IV Rd.

Reviewer: Carrie Wakai

Honolulu HI 96819

Begin Date: 2/5/2018

End Date: 2/11/2018

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

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

Comment:

41(d)(1)- Home visit made for a 3 client CCFFH recertification survey. A Corrective Action Report was issued with a Corrective Action Plan due to CTA by 3/5/2018.

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)-No 2016 TB clearance present for CG#3.

41(b)(8)-No current first aid training present for CG#2.

Carrie Wakai RN
Compliance Manager

2/5/18
Date

Ederlina Manzano
Primary Care Giver

2/5/18
Date

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

CCFFH Name: Ederlina Manzano

CCFFH Address: 1707 Kamehameha IV Road, Honolulu, HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(7)	Unable to locate 2016 TB clearance for CG#3.	2/5/2018	Home will keep computer spreadsheet record to note next due date of TB clearance two months prior to allow time to get them done before they are due.
41(b)(8)	First aid training was completed by CG #2 and card was placed into home record.	2/10/2018	Keep record of current first aid and identify when requirements are due one month prior to expiration date of first aid.

Primary Caregiver's Signature: *Ederlina Manzano*
 Print Name: Ederlina Manzano Date of Signature: 2/10/18