

Foster Family Home - Corrective Action Report

Provider ID: 1-633637

Home Name: Eufrocinia Mendoza, CNA

Review ID: 1-633637-6

1936 Waikaha Place

Reviewer: Sue Lo

Honolulu HI 96819

Begin Date: 2/5/2018

End Date: 2/9/2018

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 3/05/2018

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) Lapsed on eCrime due on/before 2/1/18 was done on 2/3/18 for CG#3.

7.1.(a)(2) Adult Protective Services/Child Abuse Neglect (APS/CAN) lapsed due on/before 5/8/16 was done on 9/12/16 for 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

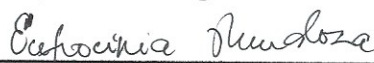
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) Lapsed on TB Clearance due on/before 11/2/17 was done on 1/30/18 for CG#2 and due on/before 12/28/16 was done on 1/11/18 for CG#3.

41.(b)(8) Lapsed on CPR and First Aid due on/before 2/7/15 was done on 1/9/17 for CG#3.


Compliance Manager


Primary Care Giver

2/5/2018
Date

2/5/18
Date

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

CCFFH Name: Eufrocina Mendoza Adult Foster Home
 CCFFH Address: 1936e Waikake Pl. Honolulu HI. 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
^{em} 7.1(d)(1) 7.1(a)(1) 7.1(a)(2) 41(b)(7) 41(b)(8)	Lapre cannot be fix	2/5/18	I understand background checks, CPR, First Aid, and TB clearance are very important. To prevent this, make sure to put in all the requirements in my calendar and ^{em} check it every month so this one will not happen again.

Primary Caregiver's Signature: Eufrocina Mendoza / *em*

Print Name: Eufrocina Mendoza

Date of Signature: 2/5/18