

# Foster Family Home - Corrective Action Report

Provider ID: 1-160027

Home Name: Jennifer Guillermo, CNA

Review ID: 1-160027-3

94-823 Lumikuke Lp

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 2/27/2018

End Date: 3/4/2018

## 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, requested change to 3 bed. Corrective action report issued during home visit with corrective action plan due to CTA on 3/27/2018

## Foster Family Home


## Personnel and Staffing

[17-1454-41]

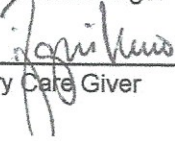
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) Blood Borne Pathogen (BBP) due on/before 3/2/2017 was done on 2/5/2018 for CG#2.

  
\_\_\_\_\_  
Compliance Manager

2/27/2018  
Date

  
\_\_\_\_\_  
Primary Care Giver

2-27-2018  
Date

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

CCFFH Name: Jennifer B. Grimmer  
 CCFFH Address: 44-823 Luniukuke hwy. Waipahu Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(6)	Lapses can not be fix	2-27-18	<p>Home no clear stand Blood Borne Pathogen is every year. Home has a calendar posted on the living room wall. The calendar use to track the expiration date of Blood Borne and all other requirement. To renew before due date. I will check the calendar every month.</p>

Primary Caregiver's Signature: Jennifer Grimmer  
 Print Name: Jennifer B. Grimmer Date of Signature: 2-28-2018