

Foster Family Home - Corrective Action Report

Provider ID: 1-100052

Home Name: Jocelyn Alcaraz, CNA

Review ID: 1-100052-4

91-1124 Kauiki Street

Reviewer: Sue Lo

Ewa Beach HI 96706

Begin Date: 2/13/2018

End Date: 3/19/2018

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 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 3/13/2018.

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) Lapse on TB Clearance due on/before 7/26/16 was done on 2/27/17 for CG#2.

41.(b)(8) Lapsed on CPR and First Aid due on/before 5/15/17 was done on 5/20/17 for CG#1.

Foster Family Home


Fire Safety

[17-1454-45]

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

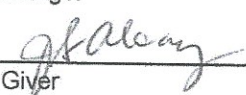
45.(b)(2) Documentation for unannounced fire drill not present in the home for CG#4.



Compliance Manager

2/13/2018

Date



Primary Care Giver

2/13/18

Date

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

CCFFH Name: JOCELYN ALCAZAR
 CCFFH Address: 91-1124 Kawili St. Ewa Beach HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41-b(7)(8)	Lapse can not be change and corrected	2/13/18	Home understands TB clearance, CPR, First aid, and all requirements are important. I will make a calendar to remind me update before expiration date. the calendar is post it on the kitchen wall; and will check every month.
45-b:2	An announced fire drill done by CG, #4 and document place and home binder.	2/25/18	Fire drill will be conducted by each caregiver at least once a year. I post it the schedule on the kitchen wall.

Primary Caregiver's Signature: *J Alcazar*

Print Name: JOCELYN ALCAZAR

Date of Signature: 3/9/2018