

Foster Family Home - Corrective Action Report

Provider ID: 1-110044

Home Name: Karen Tomlins, CNA

Review ID: 1-110044-6

94-1155 Hoohele Street

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 3/22/2018

End Date: 4/1/2018

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 4/22/2018.

Foster Family Home Background Checks [17-1454-7.1]

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)(2) Lapse on Adult Protective Service/Child Abuse Neglect (APS/CAN) due on/before 3/9/18 done on 3/22/18 for CG#5 and due on/before 3/8/18 done on 3/22/18 for CG#6.

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.

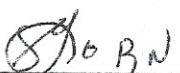
Comment:

41.(b)(7) Lapse on TB Clearance due on/before 4/20/17 done on 7/3/17 for CG#1; due on/before 4/7/17 done on 6/3/17 for CG#5; and due on/before 4/5/17 done on 5/12/17 for CG#6.

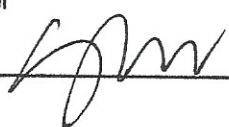
41.(b)(8) Lapse on CPR and First Aid trainings: due on/before 4/4/17 done on 6/9/17 for CG#1 and CG#5; and due on/before 3/31/17 done on 6/9/17 for CG#6.

Lapse on Blood Borne Pathogens (BBP) due on/before 3/6/17 done on 6/9/17 for CG#1, CG#5, and CG#6.

CG#6.


Compliance Manager

3/22/2018
Date


Primary Care Giver

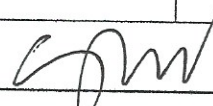
3/22/2018
Date

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

CCFFH Name: Karen Tomlins

CCFFH Address: 44-1155 Hahole St. Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7-1-(a)(2) 41-(b)(7) 41-(b)(8)	Lapses cannot be corrected	3/22/18	<p>I understand that background check, CPR, First Aid are done every two years; and blood borne pathogen and TB clearance are done yearly.</p> <p>PCG will input all due date 3-4 weeks on my iPhone to prevent lapses in the future.</p> <p>PCG will check phone quarterly even add an alarm reminder on my phone.</p>

Primary Caregiver's Signature: 

Print Name: Karen Tomlins

Date of Signature: 3/23/18