

# Foster Family Home - Corrective Action Report

Provider ID: 1-511643

Home Name: Loreen Troxel, CNA

Review ID: 1-511643-4

98-881 Iliee Street

Reviewer: Sue Lo

Aiea HI 96701

Begin Date: 3/29/2018

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 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 4/29/2018

## 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;

Comment:

7.1.(a)(1) Lapsed on eCrim due on/before 2/25/17 was done on 3/10/17 for CG#1.

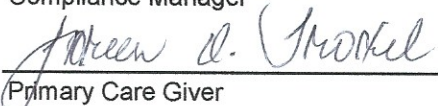
## Foster Family Home Personnel and Staffing [17-1454-41]

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) Lapse in First Aid due on/before 9/10/16 was done on 5/6/17 for CG#3.

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

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

3/29/2018  
Date

3/29/2018  
Date

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

CCFFH Name: Loreen D. Troxel  
 CCFFH Address: 98881 LEE ST. Aiea, Hi 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a) and 4.(b)(8)	Lapsed for E-crim and First Aid cannot be fix.	03/29/18	I'll make sure to use calendar and check the folder more often to see what needs to be done, so won't missed it. Posted the calendar in the Kitchen Area. Check calendar every month, because I understand background check and First Aid requirement are done every <sup>other</sup> year before the due date.

Primary Caregiver's Signature: Loreen D. Troxel

Print Name: Loreen D. Troxel

Date of Signature: 3/29/2018