

Foster Family Home - Corrective Action Report

Provider ID: 1-170015

Home Name: Rolly Blas Jr, CNA

94-143 Haa'a St

Waipahu

HI 96797

Review ID: 1-170015-2

Reviewer: Sue Lo

Begin Date: 2/13/2018

End Date: 3/28/2018

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 3/13/2018.

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) Second set of fingerprinting not present in the home for CG#2.

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 10/19/17 was done on 1/31/2018 for CG#1.

41.(b)(8) Blood Borne Pathogen (BBP) was expired on 5/1/17 no renewal BBP document present in the home for CG#2.



Compliance Manager


Primary Care Giver

2/13/2018

Date

2/13/2018

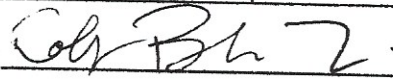
Date

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

CCFFH Name: Rolly Blas, Jr.

CCFFH Address: 94-143 Haa'a Street Waipahu, Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(1)	Second finger printing done for CG#2 and filed in home binder permanently.	10/22/17	Home understands the background check requirements. A calendar was placed on the wall that is visible for all caregivers to see. It will be check monthly for due dates to renew.
41.(b)(7)	TB clearance lapse cannot fix.	02/18/18	Home will use a calendar that will identify when all requirements are due. It will be check monthly for due dates to renew.
41.(b)(8)	Blood borne pathogen infection control training was obtained for CG#2. It was placed into home record.	02/22/18	Home will use a calendar that will identify all caregivers' due requirements to prevent any future lapses. It will be check monthly for due dates to renew.

Primary Caregiver's Signature: 

Print Name: Rolly Blas Jr.

Date of Signature: 03/26/2018