

Foster Family Home - Corrective Action Report

Provider ID: 4-170095

Home Name: Mariejoy A. Vilorio

258 Ani Street

Kahului

HI 96732

Review ID: 4-170095-1

Reviewer: David Ayling

Begin Date: 4/27/2018

End Date: 4/29/18

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a new 2 person CCFFH certification review made on 4/27/18.
Corrective Action Report issued during home visit with all items due to CTA by 6/1/18.

6.(d)(1) - see applicable sections of the review

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) - No current Blood Borne Pathogen certification for CG #1. Expired on 8/12/17.

David A. Ayling
Compliance Manager

[Signature]
Primary Care Giver

4/27/18
Date

4/27/18
Date

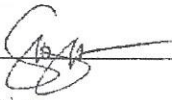
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Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name:
CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(8)	I have obtained a current Blood Borne Pathogen Certification from CG#1 and placed in my CTA binder.	4/27/18	I have made a list of the items with expiration dates like CPR, TB APS/CAN and Blood Borne Pathogen. For all CG's binder. I will review it every month.

Primary Caregiver's Signature: 

Print Name: MARIEJOY VILORIA

Date of Signature: 4/27/18