

Foster Family Home - Corrective Action Report

Provider ID: 1-160054

Home Name: Sheila Limon, CNA

Review ID: 1-160054-3

1122A Ahe Ahe Avenue

Reviewer: David Ayling

Wahiawa HI 96786

Begin Date: 5/1/2018

End Date: 5/21/18

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 2 person CCFFH recertification review made on 5/1/18. 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 CPR and First Aid certification for CG #2. Expired on 7/1/17.


Compliance Manager


Primary Care Giver

5/1/18
Date

5/1/18
Date

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

CCFFH Name: SHEILA LIMON, CMA
CCFFH Address: 3122 A AHUAHI AVENUE, WAHIAWA, HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.16(x8)	I RECEIVED A CURRENT CPR AND FIRST AID CERTIFICATE FROM CG #2 AND PLACED IN MY CTA BINDER	5/21/18	I HAVE WRITTEN OUT A LIST OF ALL ITEMS WITH EXPIRATION DATES LIKE CPR AND FIRST AID FOR ALL CG'S. I HAVE PLACED THE LIST IN THE FRONT OF MY CTA BINDER and WILL REVIEW MONTHLY.

Primary Caregiver's Signature: *S. Limon*

Print Name: SHEILA LIMON

Date of Signature: 5/21/18