

Foster Family Home - Corrective Action Report

Provider ID: 4-170045

Home Name: Beverly DeGuzman, CNA

503 Waikala Street

Kahului

HI 96732

Review ID: 4-170045-2

Reviewer: David Ayling

Begin Date: 6/4/2018

End Date: 7/18/18

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 6/4/18. Corrective Action Report issued during home visit with all items due to CTA by 7/4/18.

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

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;

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)(1),(2) - No second year APS/CAN and fingerprints done for CG #1. Due on 12/10/17.

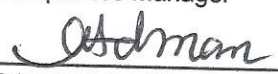
Foster Family Home Personnel and Staffing [17-1454-41]

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 and CG #2. Expired on 2/16/18.


Compliance Manager


Primary Care Giver

6/4/18
Date

6/4/18
Date

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

Chapter 17-1454

CCFFH Name: BEVERLY A. DE GIZMAN

CCFFH Address: 503 WAIKALA ST, KAHULUI, HI 96732

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
711(g)(1) - (2)	I OBTAINED A CURRENT APS/CAN AND FINGERPRINTS AND PLACED IN MY CTA BINDER.	7/2/18	I MADE A LIST OF ALL ITEMS WITH EXPIRATION DATES (CPR, TB, APS/CAN...) FOR ALL CG'S. I HAVE PLACED THE LIST IN THE FRONT OF MY CTA BINDER. I WILL REVIEW MONTHLY.
411(b)(8)	I OBTAINED A CURRENT BLOODBORNE PATHOGEN CERTIFICATION FOR CG#1 AND CG#2 AND PLACED IN MY CTA BINDER.	7/16/18	

Primary Caregiver's Signature: Achim

Print Name: BEVERLY A. DE GIZMAN Date of Signature: 7/18/18