

Foster Family Home - Corrective Action Report

Provider ID: 4-170041

Home Name: Desiyree L. Corpuz, CNA

Review ID: 4-170041-2

381 Naholo Ciricle

Reviewer: David Ayling

Kahului

HI 96732

Begin Date: 6/7/2018

End Date: 6/22/18

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

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

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

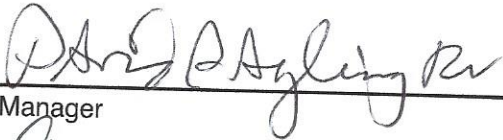
41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

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) - No current TB clearance for CG #2. Expired on 9/30/17.

41.(b)(8) - CPR and First Aid certification obtained on the internet for CG #1 and #2.


Compliance Manager

6/7/18
Date


Primary Care Giver

6/7/18
Date

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

CCFFH Name: CORPUZ FOSTER HOME CARE
 CCFFH Address: 391 NAHOLO CIRCLE KAHULUI HI 96732

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41-(b)(7)	I obtained a current TB clearance for CG#2 and placed in my CTA binder	6/19/18	I put all items with expiration dates (TB, CPR, APS/GAV) for all CG's in my reminder calendar and label expiration dates 1 month before the expiration.
41-(b)(2)	I obtained a current CPR and First Aid certification for CG#1 and CG#2 from a land based company. I placed the certificates in my CTA binder.	6/8/18	

Primary Caregiver's Signature: 

Print Name: DESIYREE CORPUZ

Date of Signature: 6/22/18