

# Foster Family Home - Corrective Action Report

Provider ID: 1-518730

Home Name: Gina Oen-Mitchell, NA

91-959 Mailani Street

Ewa Beach HI 96706

Review ID: 1-518730-6

Reviewer: Carrie Wakai

Begin Date: 6/17/2018

End Date: 6/30/2018

## 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 client CCFFH recertification survey. Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 7/17/2018.

## Foster Family Home Background Checks [17-1454-7.1]

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)(2)-CG #2's APS/CAN results lapsed, was due 4/4/18 but done 4/11/18.

## 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 first aid present for CG#2 in the home's folder-expiration 1/7/18.

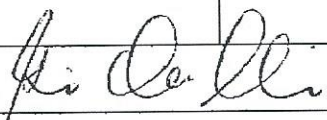
Carrie Wakai  
Compliance Manager  
Gina Oen-Mitchell  
Primary Care Giver

6/18/18  
Date  
6/18/18  
Date

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

CCFFH Name: Gina OEN-MITCHELL  
 CCFFH Address: 91 959 MAILANI ST. EWA BEACH  
HAWAII 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(2)	Lapse can not be corrected	4/11/18	Home understand the background check requirements. Home will use calendar on my computer desktop to program a reminder 1 month before all due dates to prevent any future lapses.
4.1.(b)(8)	CC#2 First Aid certificate is obtained and placed into home record	6/22/18	CC#2 renewed First Aid on-time but didn't submit to me the certificate immediately. The home will give advance notice to substitute CC in submitting required documents.
6.(d)(1)	All applicable requirements completed	6/22/18	Corrective Action Plan will submit before its due date of 7/17/2018

Primary Caregiver's Signature: 

Print Name: GINA OEN-MITCHELL Date of Signature: 6/25/18