

Foster Family Home - Corrective Action Report

Provider ID: 1-180034

Home Name: Joseph T. Sol, CNA

Review ID: 1-180034-1

45-1030 Waialele Road

Reviewer: David Ayling

Kaneohe HI 96744

Begin Date: 7/6/2018

End Date: 7/16/18

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 new CCFFH certification review made on 7/7/18. Corrective Action Report issued during home visit with all items due to CTA by 8/7/18.

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

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

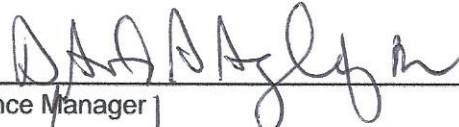
41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

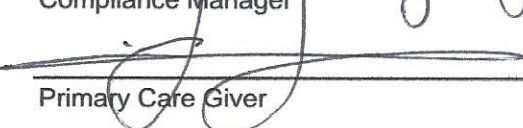
Comment:

41.(b)(7) - No current TB clearance for CG #2 and #3. Expired on 3/15/18 and 2/24/18.

41.(b)(8) - No current CPR and First Aid certification for CG #3. Expired on 5/24/18.


Compliance Manager

7/6/18
Date


Primary Care Giver

7/6/18
Date

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

CCFFH Name: JOSEPH T. SOL

CCFFH Address: 45-1030 WAILELE ROAD, KANEOHE, HI 96744

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7)	I received a current TB clearance from CG #2 & CG #3 and placed in my CTA binder.		I placed all items with expiration dates (APS/CAN/TB/CPR) on my iPhone calendar with a reminder set for 1 month prior to expiration, for each CG.
41.(b)(8)	I received a current CPR and First Aid certification for CG #3 and placed in my CTA binder.		

Primary Caregiver's Signature: _____

Print Name: JOSEPH T. SOL

Date of Signature: 7/16/2018