

# Foster Family Home - Corrective Action Report

Provider ID: 5-623589

Home Name: Leonarda Batulayan, CNA

Review ID: 5-623589-7

5419 Kuapapa Street

Reviewer: David Ayling

Kapaa HI 96746

Begin Date: 6/12/2018

End Date: 6/27/18

## 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 6/12/18. Corrective Action Report issued during home visit with all items due to CTA by 7/12/18.

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

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

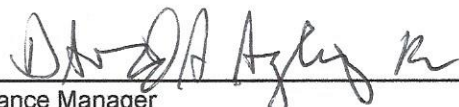
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

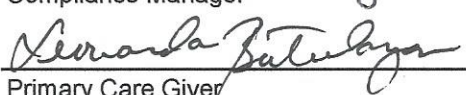
Comment:

41.(b)(8) - No current Blood Borne Pathogen certification for CG #4 and CG #5. Expired on 2/4/18.

41.(f)(1) - No current TB clearance for HHM #1. Expired on 12/20/17.

  
Compliance Manager

6/12/18  
Date

  
Primary Care Giver

6/12/18  
Date

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

CCFFH Name: LEONARDA BATULAYAN (CCFFH)

CCFFH Address: 5419 KUATAPA ST, KAPAA HI 96746

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
4116(b)(8)  4116(f)(1)	I received current for certificate for Blood Borne Pathogen from Care giver #4 & CG #5 and placed in my CTA binder. I received a current TB clearance from HHN #1 and placed in my CTA binder.	6/15/18	I wrote out a list of all the expiration dates for TB and Blood Borne Pathogen for CGS and HHNS. I placed the list in the front of my CTA binder and will review monthly.

Primary Caregiver's Signature: Leonarda Batulayan

Print Name: LEONARDA BATULAYAN

Date of Signature: 6/27/18