

Foster Family Home - Corrective Action Report

Provider ID: 1-180021

Home Name: Mary Ann Tungpalan Corpuz,
CNA

Review ID: 1-180021-1

74 A Walker Avenue

Reviewer: Carrie Wakai

Wahiawa HI 96786

Begin Date: 6/11/2018

End Date: 6/18/2018

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 new 2 bed CCFFH certification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 7/11/2018.

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 proof of positive Tuberculin skin test/neg. CXR for CG#2, although a recent TB screening form was completed.

41(b)(8)-No CPR, First-Aid and Blood borne pathogen training present for CG#3 in home's folder.

Carrie Wakai
Compliance Manager

Mary Ann Corpuz
Primary Care Giver

6-14-2018
Date

6/11/18
Date

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

CCFFH Name: MARY ANN CORPUZ

CCFFH Address: 74-A WALKER AVENUE, WAHIAWA HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(7)	Home contacted CG# 2 and asked copy of her proof of positive Tuberculin Skin test and CG#2 submitted and file the copy in the administrative file.	6/15/18	Home will make sure that all requirements are current and not missing on the binder by checking it monthly and creating a computer file to list dates to avoid any lapses in the future.
41(b)(8)	Home ask CG # 3 to go for CPR/First Aid and Blood borne pathogen training. CG# 3 finished and got the certification and filed the copies in the administrative file.	6/15/18	Home will create a computer file that lists all required documents that needs to be in the binder for all caregivers,by doing this it will enable home to complete and avoid documents from expiring in the future.

Primary Caregiver's Signature: Mary Ann Corpuz

Print Name: MARY ANN CORPUZ Date of Signature: 6/17/18