

Foster Family Home - Corrective Action Report

Provider ID: 1-560963

Home Name: Ruby Balantac, RN

Review ID: 1-560963-4

94-1014 Halekapio Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 6/20/2018

End Date: 6/26/2018

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 person CCFFH certification survey. A Corrective action Report was issued during the visit with a Corrective Action Plan due to CTA by 7/20/2018.

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 first aid and blood borne training present for CG#5.

Carrie Wakai RN
Compliance Manager

Ruby Balantac
Primary Care Giver

6/20/18
Date

6/20/18
Date

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

CCFFH Name: Ruby Jayne Balantac (RJ's Foster Home)
 CCFFH Address: 94-1014 Halekapio Street Waipahu, Hawaii, 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.8	Cardiopulmonary resuscitation, basic first aid & blood borne training was obtained for CG #5. It was placed into home record.	6/25/18	Home made a reminder sheet (posted on the refrigerator) to identify when requirements are due 2 months prior to the expiration date to allow time to get them done before they expire.

Primary Caregiver's Signature: Ruby Jayne Balantac
 Print Name: Ruby Jayne Balantac Date of Signature: 6/26/18

