

Foster Family Home - Corrective Action Report

Provider ID: 1-180029

Home Name: Sheryl Ann Basilio, LPN

Review ID: 1-180029-1

94-450 Awamoi Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 6/14/2018

End Date: 6/15/18

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 new 2 person CCFFH certification review made on 6/14/18. Corrective Action Report issued during home visit with all items due to CTA by 7/14/18.

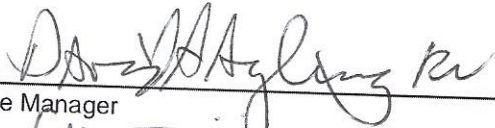
6.(d)(1) - see applicable sections of the review

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

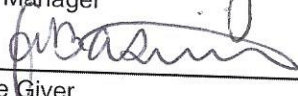
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current CPR, First Aid, and Blood Borne Pathogen certification for CG #5.


Compliance Manager

6/14/18
Date


Primary Care Giver

6/14/18
Date

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

CCFFH Name: SHERYL ANN BASILIO
CCFFH Address: 94-450 AWA MOI ST, WAIIPAHU

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(4)	I obtained a current CPR, First Aide, and Blood Borne Pathogen Certification from CG#5 and placed in my CTA binder.	6/15/18	I have inputted all expiration dates for CPR, First Aide, & Blood Borne Pathogen for all CG's into my cell phone calendar. I set the reminder for 1 month prior to expiration date.

Primary Caregiver's Signature: 

Print Name: SHERYL ANN BASILIO Date of Signature: 6/14/18