

Foster Family Home - Corrective Action Report

Provider ID: 1-160063

Home Name: Daisy Jane Madrid, NA

Review ID: 1-160063-3

87-288 St. Johns Rd., Apt. G

Reviewer: David Ayling

Waianae HI 96792

Begin Date: 7/30/2018

End Date: 7/31/18

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 7/30/18. Corrective Action Report issued during home visit with all items due to CTA by 8/30/18.

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

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

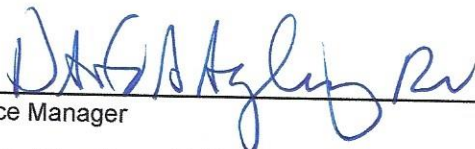
7.1.(a)(1) - No current eCrim for CG #2. Expired on 7/19/18.

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) - CPR and First Aid certification expired on 2/15/18 for CG #4. Renewed on 6/27/18.


Compliance Manager

DAISY JANE MADRID
Primary Care Giver

7/30/18
Date

7/30/18
Date

CCFFH Name: **DAISY JANE MADRID FOSTER HOME**
 CCFFH Address: **87-288 ST. JOHNS RD; APT # 6, WAIANAE HAWAII 96792**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	I received a current eCrim from SEG #2 and placed in my CTA binder.	7/31/18	I placed all items with expiration dates (eCrim, APS/CAN, TB test, CPR...) on my iPhone calendar.
41.(b)(8)	I showed CTA a current CPR and First aid certificate on the day of my recertification	7/30/18	I set the reminder for 1 month prior to expiration.

Primary Caregiver's Signature: *Dymad*

Print Name: DAISY JANE MADRID

Date of Signature: 07/31/18