

Foster Family Home - Corrective Action Report

Provider ID: 2-509854

Home Name: Filipina Ganancial-Andres,
CNA

Review ID: 2-509854-6

11 Pono Street

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 7/19/2018

End Date: 7/30/18

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 survey performed to recertify three client home. Home not in compliance on day of survey. Corrective action report issued with plan of correction due to CTA by 8/19/19.

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 first aide certification in home binder for care giver #4.



Compliance Manager

7-19-18
Date



Primary Care Giver

7-19-18
Date

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

CCFFH Name: ANDRES FOSTER HOME
CCFFH ADDRESS: 11 PONO ST., HILO HAWAII 96720

RULE NUMBER	CORRECTION ACTION TAKEN	DATE CORRECTED	PREVENTION STRATEGY
41.(Bb)(8)	Obtained a current copy of the first aide certification from [REDACTED] SCG#4. Filed obtained copy of certification in the SGG's home binder.	7/19/2018	To put a note outside SCG's binder to remind myself and all SGG's to renew any expiring documents one to two months prior to expirations. Check all caregivers documents monthly and to make sure all documents are updated and documented.

Primary Caregiver's Signature: Filipina Ganancial - Andres

Print Name: 

Date of Signature: 07.29.2018