

Foster Family Home - Corrective Action Report

Provider ID: 1-512831

Home Name: Zenaida Miller, CNA

86-3005 Leihua Place

Waianae

HI 96792

Review ID: 1-512831-7

Reviewer: David Ayling

Begin Date: 7/30/2018

End Date: 8/3/18

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

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) - Blood Borne Pathogen not current for CG #1 and #2. Expired on 1/27/18.

David Ayling
Compliance Manager

Zenaida Miller
Primary Care Giver

7/30/18
Date

7/30/18
Date

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

CCFFH Name: Zenaida Miller
 CCFFH Address: 86-3005 Leihua Place, Waianae 96792

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	I obtained a current Blood Borne Pathogen certification for CG #1 and CG# and placed in my CTA binder	8/03/18	I placed the expiration dates for Blood Borne Pathogen for both CG #1 and CG#2 in my iPhone calendar. I set the reminder for 1 month prior to expiration.

Primary Caregiver's Signature: Zenaida Miller

Print Name: Zenaida Miller

Date of Signature: 8/03/18