

Foster Family Home - Corrective Action Report

Provider ID: 2-170053

Home Name: Elizabeth Lim, CNA

Review ID: 2-170053-2

361 Aipuni Street

Building A

Reviewer: Carol Copeland

Hilo

HI 96720

Begin Date: 8/9/2018

End Date: 8/29/18

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 inspection performed to recertify two client home. Home not in compliance on day of inspection. Corrective action report issued with plan of correction due to CTA by 9/9/18.

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.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(8) No record of current CPR in home binder for care givers # 1 or 4. No record of current First Aid for care givers # 1, 2 or 4.

41.(b)(8) No record of current blood borne pathogens in home binder for care giver # 4.


41.(c) No record of 8 hours annual training in home binder for care giver # 4.



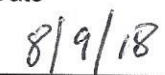
Compliance Manager



Primary Care Giver



Date



Date

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

CCFH Name: LIM'S HOME CARE LLC

CCFH Address: 361A AIPUNI ST. ~~DEDEA~~ HILO HI 96720

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	Care giver 1 and 2 and 2 completed CPR/FA and documents were put in the home binder	CAREGIVER 1 8/10/18 CAREGIVER #2 8/13/18	every month I will check my binder make to sure check any documents are updated.
41.(b)(8)	Care giver number 4 completed bloodborne pathogen and documentation were put in my home binder	8/7/18	I will put a sticky note on the book binder to remind me and I will check every month.
41.(b)(8) 41.(c)	Care giver number 4 completed 8 hours of annual training and place in home binder	8/7/18	I will put a reminder on my cell phone for 1 month before due date.

Primary Caregiver's Signature: ElizPrint Name: ELIZABETH LIMDate of Signature: 8/18/18