

Foster Family Home - Corrective Action Report

Provider ID: 1-160059

Home Name: Maria Casaje, CNA

Review ID: 1-160059-3

94-615 Koliانا Place

Reviewer: Angelica Galindo

Waipahu

HI 96797

Begin Date: 7/26/2018

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:

Home visit for a 2 person CCFFH recertification review made on 7/26/18. Corrective Action Report issued during home visit with all items due to CTA by 8/26/18.

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

Foster Family Home Personnel and Staffing

[17-1454-41]


41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

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

Comment:

41.(b)(7)- TB Clearance lapsed for CG#1, due on or before 3/28/2018, done on 5/08/2018.

41.(b)(8) - Blood Borne Pathogen training lapsed for CG#1 and CG#2 both due on/before 7/17/2018, both last done on 7/17/2017.


Compliance Manager


Primary Care Giver

7/26/18
Date

7/26/18
Date

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

CCFFH Name: **Maria Shirley Casaje, CNA**

CCFFH Address: **94-615 Koliiana Place, Waipahu, HI 96787**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7)	Lapses on the TB clearance cannot be corrected	5/8/18	To prevent this incident from recurring, Caregiver#1 will put monthly reminder alert on iPhone to keep track of documents that needs to be updated before the expiration date.
41.(b)(8)	Lapses on the Blood Borne Pathogen training cannot be corrected as well. CG#1 and CG#2 took the Blood Borne Pathogen class on August 14, 2018. Both Blood Borne Pathogens were placed in CTA binder.	8/14/18	Caregiver #1 and CG#2 will put monthly reminder on iPhone to keep track of documents that needs to be updated before the documents expire.

Primary Caregiver's Signature: 

Print Name: MARIA SHIRLEY CASAJE

Date of Signature: 8/29/18