

Foster Family Home - Corrective Action Report

Provider ID: 1-170056

Home Name: Mateo Lorenzo Lopez, NA

Review ID: 1-170056-3

91-1727 Kikoo Street

Reviewer: Lori O'Keefe

Ewa Beach HI 96706

Begin Date: 8/24/2018

End Date:

9/4/18

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection visit made today. Corrective Action Report issued during visit and due back to CTA by 9/24/18.

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) No current Tuberculosis symptom checklist for CG#2 and CG#4

41.(b)(8) CG#3 lacks annual Bloodborne Pathogens training.

Foster Family Home Client Account [17-1454-47]

47.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

47.(a) No client account record available.

Foster Family Home Records [17-1454-52]

52.(c)(8) Personal inventory.

Comment:

52.(c)(8) There is no personal inventory sheet

Lori O'Keefe
Compliance Manager

[Signature]
Primary Care Giver

8/24/18
Date

8/24/18
Date

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

CCFFH Name: MATEO LORENZO LOPEZ COMMUNITY CARE FOSTER FAMILY HOME
 CCFFH Address: 91-1727 KIMCO ST., BONA BEACH, FL 96706-1946

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7)	2018 T.B. CLEARANCES WERE OBTAINED FOR CG #2 AND CG#4; THESE WERE PLACED INTO HOME RECORD.	8/30/18	HOME WILL USE A SPREADSHEET ON LAPTOP TO IDENTIFY WHEN REQUIREMENTS ARE DUE 2 MONTHS BEFORE THEY EXPIRE TO ALLOW TIME TO GET THEM DONE BEFORE THEY ARE DUE.
41.(b)(8)	BLOODBORNE PATHOGEN TRAINING DONE BY CG#3 ON 8/24/18; IT WAS PLACED IN HOME RECORD.	8/24/18	HOME WILL USE A SPREADSHEET ON LAPTOP TO IDENTIFY WHEN REQUIREMENT IS DUE 2 MONTHS BEFORE THEY EXPIRE TO ALLOW TIME TO GET THEM DONE BEFORE ITS DUE.
47.(a)	CLIENT ACCOUNT RECORD DONE ON 08/26/18; IT WAS PLACED IN HOME RECORD.	8/26/18	HOME WILL MAINTAIN A WRITTEN ACCOUNTING OF CLIENT'S PERSONAL FUNDS RECEIVED & EXPENDED ON CLIENT'S BEHALF BY HOME. HOME RECORD.
52.(c)(8)	PERSONAL PROPERTY INVENTORY SHEET. IT WAS PLACED IN HOME RECORD.	8/26/18	HOME WILL CONTINUE TO WRITE DOWN ANY AND/OR NEW PERSONAL ITEMS WHENEVER THERE WILL BE NEW ADDITIONS TO CLIENT'S PERSONAL BELONGINGS.

Primary Caregiver's Signature: 

Print Name: MATEO LORENZO LOPEZ Date of Signature: 9/04/2018

ATTN: JORI R' KEEFE, RN
COMPLIANCE MANAGER
COMMUNITY CARE OF AMERICA
FAX # 808) 234-5470