

# Foster Family Home - Corrective Action Report

Provider ID: 1-150036

Home Name: May Rose Coloma, CNA

Review ID: 1-150036-5

94-1064 Hiapo Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 8/1/2018

End Date:

*An*  
~~8/14/18~~ 8/23/18

## 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 8/01/18. PCG request to increase to a 3 client CCFFH. Corrective Action Report issued during home visit with all items due to CTA by 9/01/18.

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

## Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) - APS/CAN checks lapsed for CG#2: was due on/before 3/11/2018, done on 4/11/2018.

## 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 Pathogens training lapsed for CG#1: was due on/before 4/14/2018, done on 6/15/2018.

*AG Galindo, RN*  
\_\_\_\_\_  
Compliance Manager

*Shirley Carls*  
\_\_\_\_\_  
Primary Care Giver

*8/01/18*  
\_\_\_\_\_  
Date

*8/01/18*  
\_\_\_\_\_  
Date

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

CCFFH Name: RM COLOMA FOSTER CARE HOME  
 CCFFH Address: 94-1064 HIAPO STREET, WAIPAHU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(A)(2)	CG#2 APS/CAN LAPSED, CANNOT BE CORRECTED. OBTAINED ON 4/1/18 <sup>3</sup> PLACED IN CTA BINDER	8/3/18	F. H. UNDERSTAND THE IMPORTANCE OF BACKGROUND CHECKS. I WILL NOW HAVE A REMINDER LOG FOR ALL REQUIREMENTS 30 DAYS PRIOR TO EXPIRING TO PREVENT FUTURE LAPSES.
41(b)(8)	BLOOD BORNE PATHOGEN LAPSED FOR CG#1. IT WAS OBTAINED ON 6/15/2018 <sup>M</sup> PLACED IN CTA BINDER	8/3/18	<p style="text-align: center;">↓</p> <p style="text-align: center;">← → SAME AS ABOVE</p>

Primary Caregiver's Signature: 

Print Name: MAY. ROSE COLOMA

Date of Signature: AUG. 03, 2018