

Foster Family Home - Corrective Action Report

Provider ID: 1-140060

Home Name: Prixie T. Cruz, NA

92-704 Kuhoho Street

Kapolei

HI 96707

Review ID: 1-140060-4

Reviewer: David Ayling

Begin Date: 8/28/2018

End Date: 9/6/18

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 8/28/18. Corrective Action Report issued during home visit with all items due to CTA by 9/28/18.

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

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

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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)(1),(2) - No current APS/CAN and fingerprints for CG #5 and CG #7. Expired on 7/5/17 for CG #5 and 6/15/16 for CG #7.

Foster Family Home Personnel and Staffing [17-1454-41]

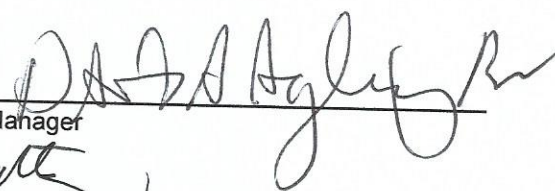
41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

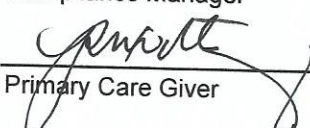
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - No current TB clearance for CG #5, CG #6, and CG #7. Expired on 8/27/16 for CG #5, 4/25/16 for CG 36, and no TB clearance present for CG #7.

41.(b)(8) - No current CPR, First Aid and Blood Borne Pathogen for CG #5. Expired on 8/22/16. No current Blood Borne Pathogen for CG #6 and CG #7. Expired on 7/24/18.


Compliance Manager


Primary Care Giver

8/28/18
Date

8/28/18
Date

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

CCFFH Name: **St Paul Foster Home**
 CCFFH Address: **92-704 Kuhoho St, Kapolei HI 96707**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(1) 7.1.(a)(2)	I obtained current APS/CAN and finger prints for CG #5 and CG #7 and placed in my CTA binder	9/5/18	Made a list of all items with expiration dates (CPR, First Aid, TB, APS/CAN) for all CG's. I have placed the list in my CTA binder. I will review monthly.
41.(b)(7) 41.(b)(8)	I obtained current TB clearance CPR/First Aid/Blood Borne Pathogens certificates for CG #5, CG #6, and CG #7 and placed in my CTA binder		

Primary Caregiver's Signature: *Prisiete Cruz*
 Print Name: PRIXIE T. CRUZ Date of Signature: 9/5/18