

Foster Family Home - Corrective Action Report

Provider ID: 5-110076

Home Name: Rosalia Roman, CNA

Review ID: 5-110076-7

5342 Olopuu Street

Reviewer: David Ayling

Kapaa HI 96746

Begin Date: 8/15/2018

End Date: 8/20/18

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 8/15/18. PCG requests to increase to a 3 client CCFFH. Corrective Action Report issued during home visit with all items due to CTA on 9/15/18.

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

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) - CG #3 has a non approved CPR/First Aid certificate from an internet company.

DA David Ayling RN
Compliance Manager

8/15/18
Date

Rosalia Roman
Primary Care Giver

8-15-18
Date

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

CCFFH Name: ROSALIA ROMAN

CCFFH Address: 5342 OLOPUA ST. KAPAA HI. 96746

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|--|----------------|--|
| 41(b)(8) | I have received an approved CPR/First Aid certificate from CG #3 and placed in my CIA binder | 8/30/18 | For all CG's I will accept CPR and first aid certificate from approved companies like the American Red Cross not from internet |

Primary Caregiver's Signature: Rosalia Roman

Print Name: ROSALIA ROMAN

Date of Signature: 8/30/18

Fax 11:286