

Foster Family Home - Corrective Action Report

Provider ID: 4-170048

Home Name: Judy Lapuebla, CNA

5 Puakala place

Kahului

HI 96732

Review ID: 4-170048-2

Reviewer: David Ayling

Begin Date: 8/22/2018

End Date: 8/30/18

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 8/22/18. CCFFH currently has no patients. Corrective Action Report issued during home visit with all items due to CTA by 9/22/18.

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) - APS/CAN and fingerprints expired on 8/18/18 for CG #2. APS/CAN and fingerprints expired on 7/19/18 for CG #1 and CG #3. Not done until 8/22/18.

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

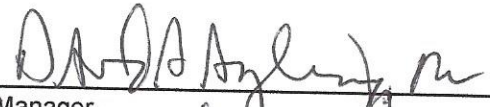
41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

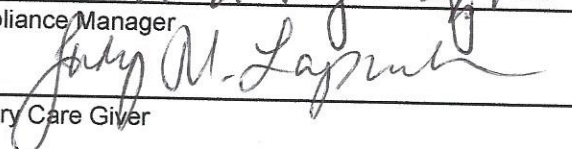
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - No current TB clearance for CG #3.

41.(b)(8) - CPR and First Aid certification expired on 7/25/18 for CG #2.


Compliance Manager


Primary Care Giver

8/22/18
Date

8/22/18
Date

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

CCFFH Name: **Judy Michelle Lapuebla**

CCFFH Address: **5 Puakala Place Kahului, HI 96732**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(1), (2)	I obtained current APS/CAN and fingerprints for CG #1, CG #2, and CG #3 and placed the results in my CTA binder.	8/30/18	I placed all items wisth expiration dates (CPR, TB, APS/CAN) on my cell phone calendar. I set the reminder for 1 month prior to expiration.
41.(b)(7)	I obtained a current TB clearance from CG #3 and placed in my CTA binder.		
41.(b)(8)	I obtained a current CPR and First Aid certification from CG #2 and placed it in my CTA binder.		

Primary Caregiver's Signature: *Judy Michelle Lapuebla*

Print Name: Judy Michelle Lapuebla Date of Signature: 8/30/18