

Foster Family Home - Corrective Action Report

Provider ID: 1-180062

Home Name: Cynthia Ranada, NA

Review ID: 1-180062-1

94-174B Awanui Street

Reviewer: Lori O'Keefe

Waipahu HI 96797

Begin Date: 10/10/2018

End Date:

11/5/18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

New home inspection completed today with a corrective action report issued. Corrective action plan is due back to CTA by 11/10/18.

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 lacks current Bloodborne Pathogens training.

Lori O'Keefe RN
Compliance Manager

Cynthia Ranada
Primary Care Giver

10/10/18
Date

10/10/18
Date

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

CCFFH Name: Cynthia Roroda, NA

CCFFH Address: 44-174 B Awanui St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.65	Obtained BPP Card for Caregiver No. 3 and filled in home binder	11/1/2018	Home will track expiration dates on calendar and will replace prior to expiration of current cards.

Primary Caregiver's Signature: *C Roroda*

Print Name: Cynthia Roroda

Date of Signature: 11-02-18