

Foster Family Home - Corrective Action Report

Provider ID: 1-170006

Home Name: Maria Keliiholokai, CNA

Review ID: 1-170006-3

86-240 Leihua Street

Reviewer: David Ayling

Waianae

HI 96792

Begin Date: 11/26/2018

End Date: 11/28/18

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 11/26/18. PCG requests to increase to a 3 client CCFFH. Corrective Action Report issued during home visit with all items due to CTA by 12/26/18.

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

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

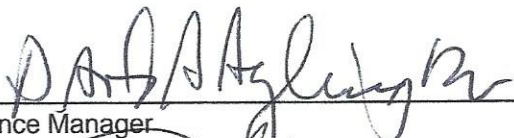
41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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

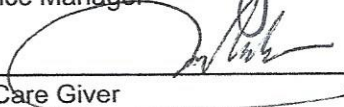
Comment:

41.(b)(5) - No alternative transportation form for all CG's.

41.(b)(8) - No Blood Borne Pathogen certificate present for CG #3.


Compliance Manager

11/26/18
Date


Primary Care Giver

11/26/18
Date

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

CCFFH Name: Maria Belinda Laya - Kehihohokai
 CCFFH Address: 86-240 Leihua St., Waianae, HI 96792

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(5)	I have completed an Alternative Transportation Form for all CB's and placed in my CTA binder.	11/27/2018	I will add all new CB's to my Alternative Transportation Form when I hire them.
41.(b)(8)	I have received a current Bloodborne Pathogen Certificate from CB #3 and placed it in my CTA binder.	11/27/2018	I have written a list of the expiration dates of Bloodborne Pathogen for all CB's and placed in the front of my CTA binder. I will check the list monthly.

Primary Caregiver's Signature: 

Print Name: MARIA BELINDA LAYA - KEHI HOLOKAI Date of Signature: 11/28/2018