

# Foster Family Home - Corrective Action Report

Provider ID: 1-100015

Home Name: John Ignacio, NA

Review ID: 1-100015-7

91-1011 Kumimi Street

Reviewer: Angelica Galindo

Ewa Beach HI 96706

Begin Date: 11/1/2018 End Date:

12/4/18

## 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 11/01/18. Corrective Action Report issued during home visit with all items due to CTA by 12/01/18.

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) - CPR/basic first aid for CG#1 lapsed: was due on/before 5/26/2018, done on 9/11/2018.

41.(b)(8) - Blood borne pathogen for CG#3 last done on 2/04/2017, no current BBP training present in home.

  
Compliance Manager

  
Primary Care Giver

11/01/18  
Date

11/1/18  
Date

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

CCFFH Name: John P. Ignacio

CCFFH Address: 91-1011 Kaimiki St. EWA BEACH, HI.

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(8)	CPR & Basic F.A. PCG.#1 due on 5/26/2018	9/11/18'	Checked Every year the F.A / CPR To prevent Lapses & Expiration. - need to Renew 2 month before the Expiration Date.
41(b)(8)	C.G.#3 Done It put in on the Books. "Blood Borne Path"	11/10/18'	Follow up to the SCG. Yearly their Documents to prevent Expiration. -IF 3 mo. prior Expiration I will let them Renew Right away to prevent any lapses.

Primary Caregiver's Signature: 

Print Name: JOHN P. IGNACIO

Date of Signature: 11/29/18'