

# Foster Family Home - Corrective Action Report

Provider ID: 1-190037

Home Name: Fredierick De La Cruz, RN

Review ID: 1-190037-1

751 Puu Kala Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 5/1/2019

## Foster Family Home Required Certificate [11-800-6]

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

Comment:

Home inspection for a new 2 person CCFFH certification made on 5/1/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/1/19.

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

## Foster Family Home Personnel and Staffing [11-800-41]

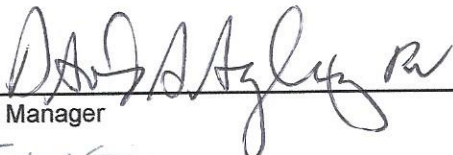
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

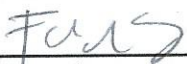
Comment:

41.(b)(8) - No current Blood Borne Pathogen certification present for CG #1.

41.(f)(1) - No current TB clearance for HHM #1.

  
Compliance Manager

5/1/19  
Date

  
Primary Care Giver

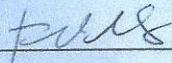
5/1/19  
Date



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

CCFFH Name: Fredierick de la Cruz  
 CCFFH Address: 751 Pun Kala Street, Pearl City HI 96702

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(2)	I sent CTA a current blood borne Pathogen certificate that I obtained (CG#1) from work. I placed the certificate in my CCFFH Binder.	5/2/19	I made a list of all items required for CG's and HBM including expirations dates and placed in the front of my CCFFH BINDER
41.(f)(1)	I recieved a current TB clearance from HHS # 1 and placed in my CCFFH Binder		

Primary Caregiver's Signature: 

Print Name: Fredierick de la Cruz Date of Signature: 5-2-19