

Foster Family Home - Corrective Action Report

Provider ID: 1-511510

Home Name: Adelaide Pascual, CNA

99-446 Hakina Street

Aiea HI 96701

Review ID: 1-511510-7

Reviewer: David Ayling

Begin Date: 5/30/2019

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 3 person CCFFH recertification made on 5/30/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/30/19.

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

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - No current APS/CAN for CG #3. Expired on 5/10/18.

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.

Comment:

41.(b)(8) - No current First Aid certification for CG #4. Expired on 5/28/19.

David A. Ayling
Compliance Manager

Adelaide Pascual
Primary Care Giver

5/30/19
Date

5/30/19
Date

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

CCFFH Name: Adelaide Pascual

CCFFH Address: 99-446 Hakina Street. Aiea, Hawaii. 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(2)	I obtained current APS/CAN for CG #3 and placed in my CCFFH binder.	6/15/19	I have printed out the CTA table of contents and made a copy of each CG. I have put the expiration date next to each item. (TB, APS, CAN) I placed a copy in the Front of each CGR file in my CCFFH binder. I will review it monthly.
41.(b)(8)	I obtained a current first aid certificate from CG #4 and placed in my CCFFH binder.		

Primary Caregiver's Signature: Adelaide Pascual

Print Name: Adelaide Pascual

Date of Signature: 6/15/19