

# Foster Family Home - Corrective Action Report

Provider ID: 1-190059

Home Name: Anna Joyce Quiambao, CNA

Review ID: 1-190059-1

87-135 A Kaukamana Road

Reviewer: David Ayling

Waianae HI 96792

Begin Date: 7/24/2019

## 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 7/24/19. Corrective Action Report issued during home inspection with all items due to CTA by 8/24/19

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

## Foster Family Home

## Personnel and Staffing

[11-800-41]

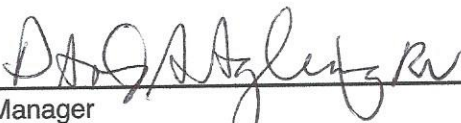
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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

Comment:

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

41.(f)(1) - No current TB clearance for HHM #1 and HHM #2.

  
Compliance Manager

7/24/19  
Date

  
Primary Care Giver

7/24/19  
Date

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

CCFFH Name: Anna Joyce B. Quiambao  
 CCFFH Address: 87-135 A Kaulamano Road Waianae HI-96792

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8) 41.(f)(7)	I received current Blood Borne Pathogen Certificate from CG #1 and current TB clearances from HHM #1 and HHM #2.  I placed them in my CCFFH Binder.	7/26/19	I placed the expiration dates for Blood Borne Pathogen, APS/CAN and TB on my iPhone calendar. For all CG's and HHM's.  I set the reminder for 1 month prior to expiration.

Primary Caregiver's Signature: 

Print Name: Anna Joyce B. Quiambao Date of Signature: 7-26-19