

# Foster Family Home - Corrective Action Report

Provider ID: 1-512279

Home Name: Flordelisa Tomas, CNA

Review ID: 1-512279-8

94-1187 Halelehua Street

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 2/26/2020

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

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

Comment:

Annual inspection conducted for this 2 bed home. A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 3/27/2020.

2/26/2020-Written Corrective Action plan received and accepted.

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(c)  
CG#2, #3, #4 do not have 8 hours annual training. CG#2 and #4 had 6 hours in 2019. CG#3 had 7.5 hours in 2019.

Julie A Hastings BSN, RN  
Compliance Manager

Flordelisa A. Tomas  
Primary Care Giver

2/26/2020  
Date

2-26-20  
Date

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

CCFFH Name: Flordelisa A. Tomas  
CCFFH Address: 94-1187 Halelehua St Waipahu HI - 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(c)	lapse cannot be corrected	2-26-20	All caregivers required eight a year inservice. Reminder put on calendar for two month prior to end of year.

Primary Caregiver's Signature: Flordelisa A. Tomas

Print Name: Flordelisa A. Tomas Date of Signature: 2-26-20