

Foster Family Home - Corrective Action Report

Provider ID: 1-180023

Home Name: Jennifer Dulay, CNA

Review ID: 1-180023-5

45-413 Ihilani Street

Reviewer: Julie Hastings

Kaneohe

HI 96744

Begin Date: 3/24/2021

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

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

Comment:

6.(d)(1) Home is requesting to increase to 3 clients.

- Home inspection completed for a 3 person CCFFH recertification

Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 4/24/2021

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)

CG#1 and CG#2 APS/CAN lapsed was done 5/15/18. Was due on or before 5/15/20. Was done 3 months late 8/24/20.

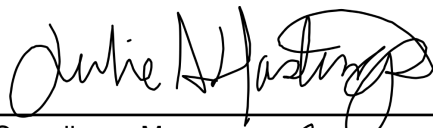
Foster Family Home Personnel and Staffing [11-800-41]

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)

CG#1 Bloodborne Pathogen lapsed. Completed in 2019 and in 2021. No 2020 Bloodborne Pathogen documentation.



Compliance Manager



Primary Care Giver

3/23/2021

Date

3/23/2021

Date

CTA RN Compliance Manager: TERRI VAN HOUTEN, RN, MSN Ed

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: JENNIFER B. DULAY
(PLEASE PRINT)

CCFFH Address: 45-413 IHUKANI ST. KANEHOHE, HAWAII 96744
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8(a)(2)	CG#1 and CG#2 APS/ CAN LAPSE CANNOT BE CORRECTED	3/24/21	I MAKE SURE THAT I'LL MAKE A WALL CALENDAR TO PUT ALL MY DOCUMENTS DUE DATES ON. AT LEAST 2 MONTHS AHEAD TO GET A NEW ONE BEFORE THE DUE DATES AND ALSO TO PREVENT FUTURE LAPSES.
41(b)(8)	CG#1 BLOODBORNE PATHOGEN LAPSE AND CANNOT BE CORRECTED	3/24/21	I WILL USE ALSO A WALL CALENDAR TO PUT ALL MY DOCUMENTS DUE DATES ON. AT LEAST 2 MONTHS AHEAD TO GET A NEW ONE BEFORE THE DUE DATE AND ALSO TO PREVENT FUTURE LAPSES.

All items that were fixed are attached to this CAP

PCG's Signature: Jennifer Dulay

Date: 3/24/21

CTA has reviewed all corrected items