

# Foster Family Home - Corrective Action Report

Provider ID: 1-190060

Home Name: Jess Carino, NA

5171 Likini Street

Honolulu

HI 96818

Review ID: 1-190060-4

Reviewer: David Ayling

Begin Date: 6/4/2021

## 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 inspection for a 2 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 7/18/21.

## Foster Family Home

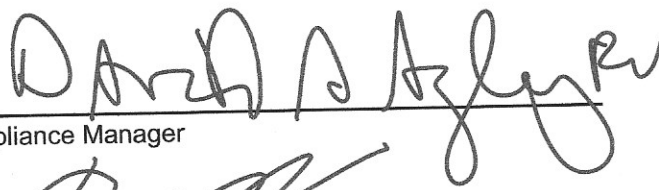
## Personnel and Staffing


[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 Blood Borne Pathogen certification for CG #1. Expired on 1/20/2021.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

6/18/2021  
Date

6/18/2021  
Date

CTA RN Compliance Manager: DAVID AYLING, RN

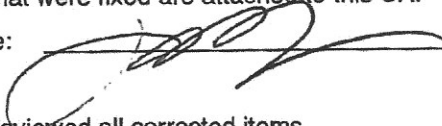
Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: JESS CARINO  
(PLEASE PRINT)

CCFFH Address: 5171 LIKINI ST., HONOLULU HI 96818  
(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?
41.(b)(8)	I received a current Bloodborne Pathogen Certificate for CG #1. Put in CCFFH binder.	6/19/2021	Put expiration dates for BBP for all CG's on my iPhone Calendar.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 7-19-2021

CTA has reviewed all corrected items