

Foster Family Home - Deficiency Report

Provider ID: 1-514986

Home Name: Marcelina Saoit, CNA

Review ID: 1-514986-12

94-585 Pilimai Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 9/22/2021

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

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

Comment:

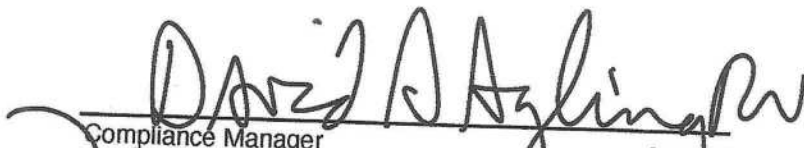
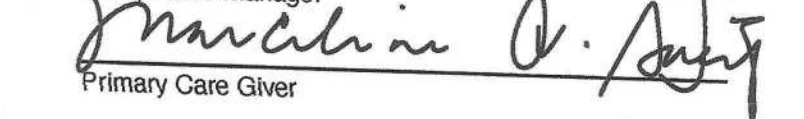
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 10/22/21.

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 Born Pathogen certification for CG #1 and CG #4. Expired 5/21/2021.


Compliance Manager

Primary Care Giver

9/22/2021
Date
9/22/2021
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: Marcelina V. Saot

(PLEASE PRINT)

CCFFH Address: 94-585 Pilimai St. Waipahu, HI, 96797

(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 recieved current Blood Borne Pathogen for CG#1 and CG#4. I filed certificates in my CCffh binder.	09/28/21	I put the expiration dates for Blood Borne Pathogen for all CG's on my calendar. I will review every month.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 10/08/21

CTA has reviewed all corrected items