

Foster Family Home - Deficiency Report

Provider ID: 1-210006

Home Name: Mariacita S. Aceret, CNA

Review ID: 1-210006-3

94-547 Ana Aina Place

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 12/22/2021

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 2 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 1/22/22.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

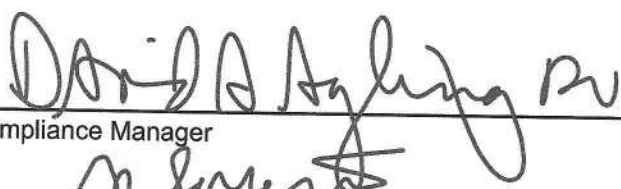
8.(a)(1)(2) - APSCAN and fingerprints expired on 12/11/2021 for HHM #2.

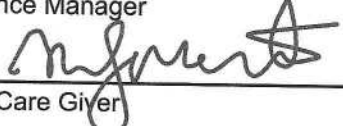
Foster Family Home Personnel and Staffing [11-800-41]

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) - CPR/First Aid obtained from on-line class for CG #1 and CG #2.


Compliance Manager


Primary Care Giver

12/22/2021
Date

12/22/2021
Date

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)**

Chapter 11-800

DAVID AYLING, RN

PCG's Name on CCFFH Certificate: MARIACITA S. ACURET

(PLEASE PRINT)

CCFFH Address: 94-547 Ana Aina place, 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?
8.(a) (1)(2)	I received a receipt for current APS/CAN Fingerprint from HHM#2 I will put the result in my CCFFH binder. And send to [REDACTED] the result is ready.	1-7-2022	I put the expiration dates for APS/CAN and Fingerprint on a list for all CG's and HHM's. I will check the list every month.
41.(b) (8)	I received current CPR/FIRST AID CERTIFICATE FROM CG#1 AND CG#2 And I put the result on my CCFFH binder.	1-3-2022	I will have all CG's obtain CPR AND FIRST AID FROM APPROVED classes.
41.(b) (8)	Bloodborne Training is scheduled for January 10 online class. And put the result in my CCFFH binder.	1-7-2022	How will input in calendar and list when bloodborne and other in-service training need to be done.

☒ All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 1-7-2022

☒ CTA has reviewed all corrected items