

Foster Family Home - Deficiency Report

Provider ID: 1-190061

Home Name: Leonida Calixto, CNA

Review ID: 1-190061-6

3608 Salt Lake Blvd.

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 2/3/2022

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 3/3/22.

Foster Family Home

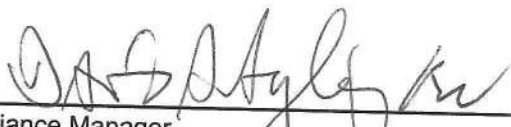
Personnel and Staffing

[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 expired on 7/12/2021 for CG #3.



Compliance Manager



Primary Care Giver

2/3/2022
Date

2/3/2022
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: LEONIDA C. CALIXTO
(PLEASE PRINT)

CCFFH Address: 3608 SALT LAKE BLVD. 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?
4/.(b)(8)	I received a current CPR/FIRST AID CERTIFICATE from CG# 3. I put the card in my CCFFH binder.	7-/10/21	I put a list of the expirations dates for CPR and FIRST AID for all CG,S on my computer calendar. I set the reminder for 1 month prior to expiration.

All items that were fixed are attached to this CAP
PCG's Signature: Leonida C. Calixto

Date: 02-4-2022

CTA has reviewed all corrected items