

Foster Family Home - Deficiency Report

Provider ID: 1-220023

Home Name: Denisse Ann Visaya, NA

Review ID: 1-220023-1

99-123 Ohiakea Street

Reviewer: David Ayling

Aiea

HI 96701

Begin Date: 4/19/2022

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 new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 5/19/22.

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) - No current APS/CAN and fingerprints for HHM #1.

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.


41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8) - No current blood borne pathogen certification for CG #2.

41.(f)(1) - No current TB clearance for HHM #1.


Compliance Manager


Primary Care Giver


Date


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: Denisse Ann Visaya

CCFFH Address: 99-123 Ohiakea St. Aiea HI, 96701
(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?
8a(1) 8a(2) 41(f)(1)	Household member #1 completed fingerprint appointment and TB clearance	4/20/22	I set a reminder on my phone for household member #1 on APS/CAN clearance and also his TB 2 months prior to expiration.
41(b)(8)	caregiver #2 completed the Bloodborne Pathogens and Infection Control course. all the corrections is in my CCFFH binder.	4/20/22	Informed caregiver #2 when certification need to be renewed, also set reminder on my phone.

☒ All items that were fixed are attached to this CAP

PCG's Signature: *David Ayling*

Date: 4/22/22

☒ CTA has reviewed all corrected items