

# Foster Family Home - Deficiency Report

Provider ID: 1-210092

Home Name: Rachele Ann C. Parado, NA

Review ID: 1-210092-4

91-1014 Fort Weaver Road

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 9/30/2022

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

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

Comment:


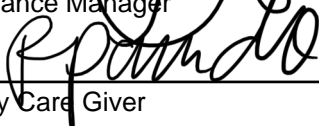
6.d.1. Unannounced inspection made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 10/29/2022. (30 days from the date the CCFFH is given their deficiency report).

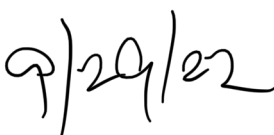
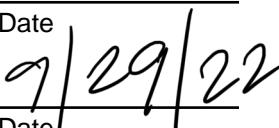
## Foster Family Home Personnel and Staffing [11-800-41]

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 CG#2 BBP had expired on 07/06/2022. No new present.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Terri Van Houten

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Rachele Ann Parado  
(PLEASE PRINT)

CCFFH Address: 91-1014 Fort Weaver Road Ewa Beach HI 96706  
(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?
41.6.8	Lapse cannot be corrected.	10/01/22	Home will use a wall calendar to put all due dates on to avoid lapses.

All items that were corrected are attached to this POC

PCG's Signature: Rparado

Date: 10/01/22

CTA has reviewed all corrected items