

Foster Family Home - Deficiency Report

Provider ID: 1-160010

Home Name: Juvy Caslib, LPN

Review ID: 1-160010-10

2837 Numana Road

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 11/23/2022

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

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

Comment:


6.(d)(1) - Annual unannounced inspection made today. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 12/23/22.

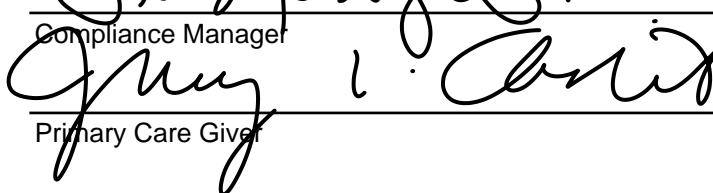
Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

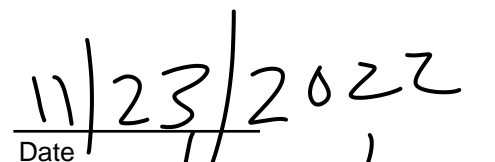
Comment:

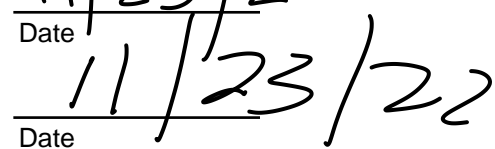
41.(b)(8) - CPR/First Aid expired on 6/30/2022 for CG #1.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: David Ayling

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

PCG's Name on CCFFH Certificate: Juvy Caslib
(PLEASE PRINT)

CCFFH Address: 2837 Numana Rd., Honolulu, HI 96819
(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 received a current CPR/ First Aid certificate from CG#1. I placed it in CCFFH binder.	11/28/22	I listed all expiration dates for CPR/ First Aid for all CGs. I put the list on the front of my CCFFH binder. I will check it every month.

All items that were corrected are attached to this POC

PCG's Signature: Juvy V. Caslib

Date: 12/06/2022

CTA has reviewed all corrected items