

Foster Family Home - Deficiency Report

Provider ID: 1-618233

Home Name: Evangeline Dongalen, CNA

Review ID: 1-618233-12

94-468 Kupuna Loop

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 12/8/2022

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

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Deficiency Report issued during CCFFH inspection with plan of correction required, due to CTA within 30 days of inspection.

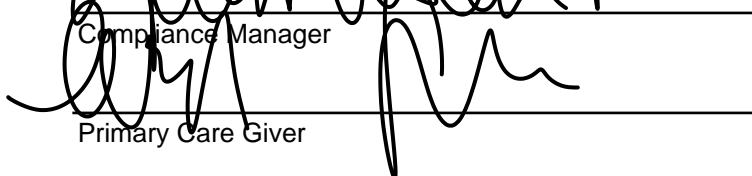
Foster Family Home Personnel and Staffing [11-800-41]

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 1 CPR first aid and BBP are expired



Compliance Manager


Primary Care Giver

12/8/22

Date
12/8/22

Date

CTA RN Compliance Manager: Send to Terri Van Houten RN / Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: Evangelina Dongalen
(PLEASE PRINT)

CCFFH Address: 94-468 Kupuna Loop WAI PATTU, 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?
41.00(8)	CG 1 CPR First Aid and BBP Obtained a current CPR First Aid and BBP Results were filed in home binder	12/10/2022	CG 1 will use a Samsung calendar to schedule due dates alert 2-3 months in advance to prevent future lapse

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 12/30/2022

CTA has reviewed all corrected items