

Foster Family Home - Deficiency Report

Provider ID: 2-509789

Home Name: Erlinda Mirasol, CNA

Review ID: 2-509789-14

425 Ainaola Drive

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 2/6/2024

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. Deficiency Report issued during home inspection with written plan of correction due to CTA by 3/6/24.

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) - Second year APS/CAN and fingerprints not done by CG #4, CG #5 and HHM #3. Expired on 1/26/2024.

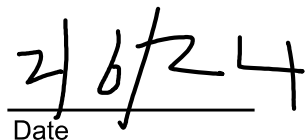
Foster Family Home Personnel and Staffing [11-800-41]

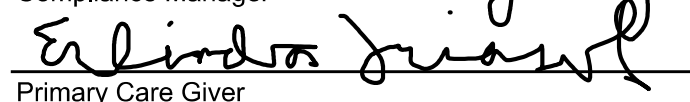
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

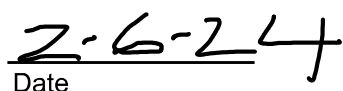
Comment:

41.(b)(8) - Blood Borne Pathogen certification expired on 12/8/2023 for CG #2.


Compliance Manager


Date


Primary Care Giver


Date

CTA RN Compliance Manager: DAVID AYLING, RN

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

PCG's Name on CCFFH Certificate: ERLINDA MIRASOL
(PLEASE PRINT)

CCFFH Address: 425 AINAOLA DRIVE, HILO, HI 96720
(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?
8.(X)(1)(2)	I received the current APS, CAN, Fingerprints from CG #4, CG #5, and HHM #3. I placed the results in my CCFFH binder.	2-19-24 2-28-24 2-15-24	I make a list of expiration dates for APS, CAN and Fingerprints, and Blood Borne pathogens for all CGs and HHM and put the list on the front cover of my CCFFH binder. I will check it every month.
41.(b)(3)	I received the current Blood Borne Pathogens certificate from CG #2. I placed it in my CCFFH binder.	2-08-24	

All items that were corrected are attached to this POC

PCG's Signature: Erlinda Mirasol

Date: 03-04-24

CTA has reviewed all corrected items