

# Foster Family Home - Deficiency Report

Provider ID: 2-230069

Home Name: Precy Oducayen, RN

Review ID: 2-230069-3

285 Kuhilani Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 6/20/2024

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

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

Comment:

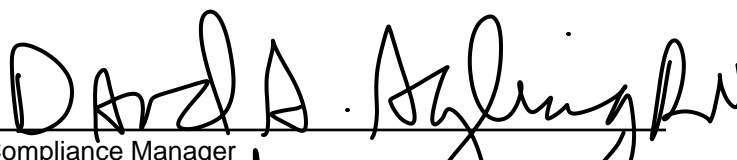
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 7/20/24.

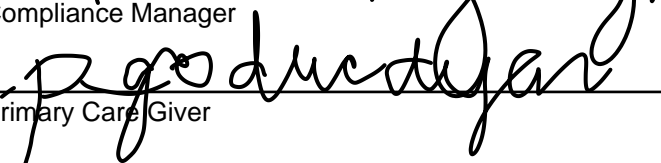
## Foster Family Home Personnel and Staffing [11-800-41]

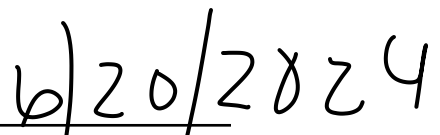
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

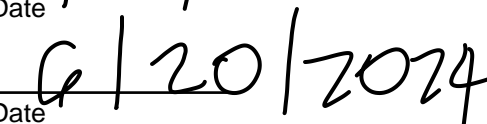
Comment:

41.(b)(8) - CG #1 and CG #3 need to obtain CPR certification from an approved organization.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
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: Precy G. oducayen  
(PLEASE PRINT)

CCFFH Address: 285 Kuhilani St. 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?
41.(b) (8)	I received current CPR certificates from CG#1 and CG#3. I put the certificates in my CCFFH binder.	6/21/2024	I will use approved companies/organizations for obtaining CPR and also check that my SCG's to do the same.

All items that were corrected are attached to this POC

PCG's Signature: *Precy G. Oducayen*

Date: 06/27/2024

CTA has reviewed all corrected items