

Foster Family Home - Deficiency Report

Provider ID: 1-240068

Home Name: Mylene Rivera, CNA

Review ID: 1-240068-1

92-665 Mehani Street

Reviewer: David Ayling

Kapolei HI 96707

Begin Date: 9/26/2024

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 new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 10/26/24.

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) - No current Blood Borne Pathogen certification for CG #1.



Compliance Manager



Primary Care Giver

9/26/2024

Date

9/26/24

Date

CTA RN Compliance Manager: David Ayling, RN

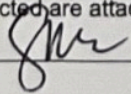
Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Mylene Rivera

CCFFH Address: 92-445 Mehana St. Kapolei HI, 96707
(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 recieved my current bloodborne pathogens training certificate from CMP, and I put the certificate in my CCFFH binder.	9/26/24	I will follow the table of contents and sure have all the current paper works in my CCFFH binders.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 09/26/24

CTA has reviewed all corrected items