

Foster Family Home - Deficiency Report

Provider ID: 1-240050

Home Name: Randall Mateo, NA

Review ID: 1-240050-1

94-352 Kahuahele Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/26/2024

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 8/26/24.

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

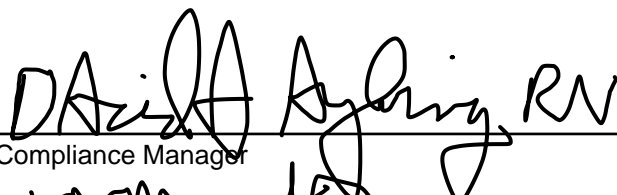
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

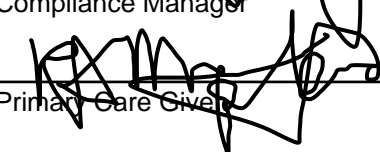
Comment:

41.(b)(7) - CG #2 needs a current TB clearance.


41.(b)(8) - CG #1 and CG #2 need CPR/First Aid from an approved school.



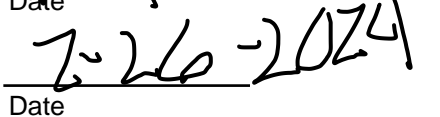
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: DAVID AYLING RN

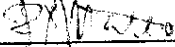
**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: RANDALL MATED
(PLEASE PRINT)

CCFFH Address: 94-352 KAHUAHELE ST. WAIPAHU, 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.(b)(4) 41.(b)(8)	I received current TB clearance from CG #2 and current CPR / First Aid certificates from CG #1 and CG2. I put them in my CCFFH binder	8-22-24 9-31-24	I put the expiration dates for TB clearance & CPR / First Aid for all CG's on my computer calendar. I set the reminder for 1 month prior to expiration

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 9-9-24

CTA has reviewed all corrected items