

Foster Family Home - Deficiency Report

Provider ID: 1-210079

Home Name: Violeta Kerezsi, NA

Review ID: 1-210079-2

6 Kilani Avenue

Reviewer: David Ayling

Wahiawa

HI 96786

Begin Date: 8/26/2024

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

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

Comment:

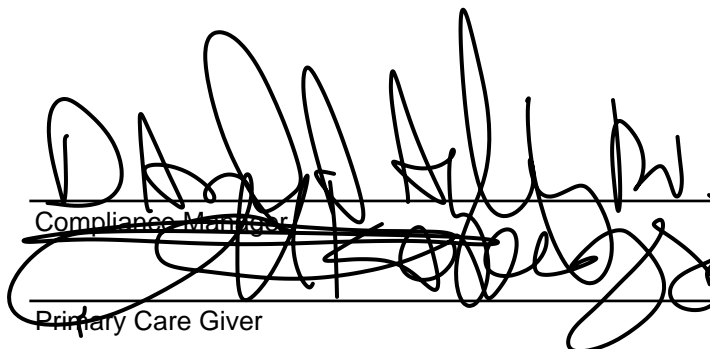

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

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, CG #2, and CG #3.


Compliance Manager

Primary Care Giver

8/26/2024
Date
8/26/2024
Date

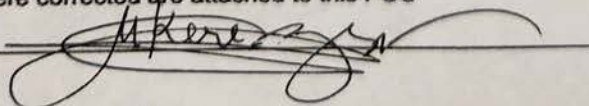
CTA RN Compliance Manager: DAVID AYLING, RN

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

PCG's Name on CCFFH Certificate: VIOLETA M. KERESSI
(PLEASE PRINT)

CCFFH Address: 6 Kilani Avenue Wahiawa HI 96786
(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(Lb)(8)	I received current blood borne pathogen Certificate from CG#1, CG#2 and CG#3 I put the certificate in my binder	9/5/24	I made a list of the expiration dates for blood borne pathogen for all CG's. I put the list on the front of my CCFFH binder I will check it every month

All items that were corrected are attached to this POC
PCG's Signature: 

Date: 9/5/2024

CTA has reviewed all corrected items