

Foster Family Home - Deficiency Report

Provider ID: 1-240074

Home Name: Rodalina C. Quinto, CNA

Review ID: 1-240074-1

2423 Rose Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 10/10/2024

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 11/10/24.

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 #2 needs a current Blood Borne Pathogen certificate.


Compliance Manager

Primary Care Giver

10/10/2024
Date
10/10/24
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: Rodalina C. Quinto

CCFFH Address: 2423 Rose street Hon. HI 96819
(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 a Current Blood borne Pathogen Certificates from CG #2 I put the Certificate in my binder. | | I will make sure each new SCG has all the Required Paper work when I Recv them. |

All items that were corrected are attached to this POC

PCG's Signature: Rodalina C. Quinto

Date: 10-14-2024

CTA has reviewed all corrected items