

Foster Family Home - Deficiency Report

Provider ID: 1-240039

Home Name: Jonamae Madela, NA

Review ID: 1-240039-1

94-321 Hilihua Way

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 6/11/2024

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 7/11/24.

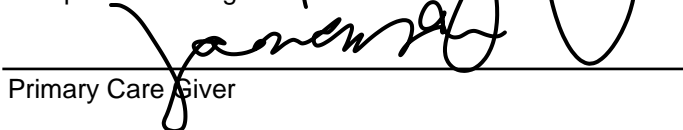
Foster Family Home Personnel and Staffing [11-800-41]

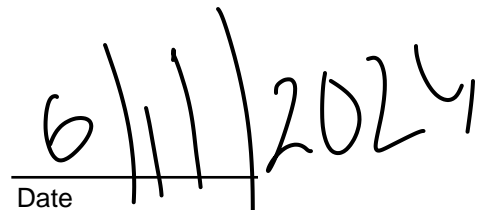
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

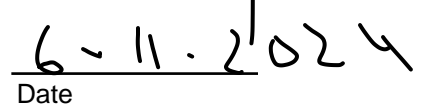
Comment:

41.(b)(8) - No current CPR/First Aid for CG #2. No current Blood Borne Pathogen for CG # 1 and CG #2.


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: JONAMAE MADELA

(PLEASE PRINT)

CCFFH Address: 94-321 HILIHUA WAY, WAIKAPU 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)(8)	I received a current CPR/FIRST AIDE CERTIFICATE FROM CG#2 I ALSO RECEIVED A CURRENT blood borne pathogen certificate from CG#1 and CG#2 I placed the paper works in my CCFFH Binder.	06/12/24	I PUT the CPR/FIRST AID and blood borne PATHOGEN FOR ALL CAREGIVERS ON MY PHONE CALENDAR. I SET THE REMINDER FOR 1 MONTH PRIOR TO EXPIRATION.

All items that were corrected are attached to this POC

PCG's Signature: *Jonamae*

Date: 06/12/24

CTA has reviewed all corrected items