

Foster Family Home - Corrective Action Report

Provider ID: 1-120021

Home Name: Marcela Buted, NA

Review ID: 1-120021-3

1616 Maliu Street

Reviewer:

Honolulu HI 96819

Begin Date: 3/25/2015

End Date: 3/26/2015

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit for a 2 person recertification review made on 3/25/15.
Corrective Action Report issued during home visit with all items due to CTA by 4/25/15.

6.(d)(1) - see applicable sections of the review

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health 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) - TB clearance expired in 2014 for CG # 1 and CG #2. Not done until 1/2015.
41.(b)(8) - CPR and First Aid expired for 4 months before renewed for CG # 1 and CG #2.

Compliance Manager

Primary Care Giver

Date

Date

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Plan:

*I will put all items with expiration dates
on my calendar.*

*Marcela C. Buted
3/26/15*

Compliance Manager

Date

Primary Care Giver

Date