

Foster Family Home - Corrective Action Report

Provider ID: 5-577380

Home Name: Cristina Dullaga, CNA

Review ID: 5-577380-5

1657 Malakia Street

Reviewer:

Kapaa

HI 96746

Begin Date: 10/14/2015

End Date: 11/23/15

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 3 person recertification review made on 10/14/15. Corrective Action Report issued during home visit with all items due to CTA by 11/14/15.

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

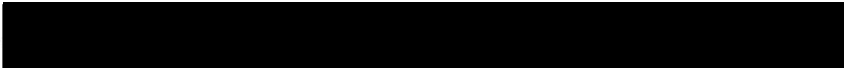
Foster Family Home

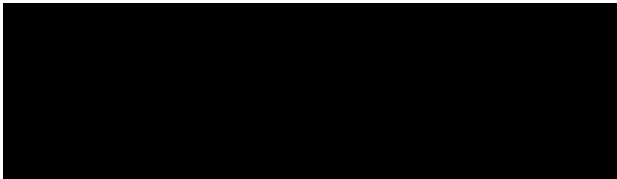
Personnel and Staffing

[17-1454-41]

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) - 


Compliance Manager

Cristina Dullaga
Primary Care Giver

10/14/15
Date

10/14/15
Date

41. (b)(8)



I have made a list of all my items with expiration dates like CPR, BBP, APS/can and put in my CTA binder on the front. I will check every month.

crisrina Dullaga
date 10/20/15

Christina Dullaga

5-577390