

Foster Family Home - Corrective Action Report

Provider ID: 4-617574

Home Name: Glodylyn Ariota, CNA

Review ID: 4-617574-2

449 Kaa Circle

Reviewer:

Kahului HI 96732

Begin Date: 5/21/2015

End Date: 6/14/15

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.a.2. APS/CAN check lapsed for CG #1. Done 2/16/15 and due 2/13/15.

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 Bloodborne Pathogens lapsed for CG #1. Done 8/15/13 and due 8/12/13.



Compliance Manager

Glodylyn Ariota
Primary Care Giver

Date

6/14/15
6/14/2015
Date


June 14,2015

To whom it may concern,

I am writing this letter due to my deficiency from my CTA house visit on 5/21/2015. My lapses in APS/CAN, I will create reminders on my computer alerting me to re-do these documents'.

Thank you for your kind consideration,

Glodyln Ariota

A handwritten signature in black ink that reads "Glodyln Ariota". The signature is written in a cursive style with a large initial "G" and a long, sweeping underline.