

# Foster Family Home - Corrective Action Report

Provider ID: 1-130062

Home Name: Karen Gay Antonio, CNA

Review ID: 1-130062-3

91-952 Hanakahi Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 11/9/2015

End Date: 11/19/15

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

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

Comment:

Home survey performed for recertification of two client CCFFH 11/9/15. Corrective Action Report issued with all deficiencies to be corrected by 12/9/15.

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

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

Comment:

41.(b)(5)(C)(ii)

CG 2 and CG 5 : No proof of positive TB testing.

41.(b)(8)

CG1 : No record of First Aid training. Only one seen expired in 3/2015.

Compliance Manager

Primary Care Giver

Date

Date

Plan of Correction

November 19, 2015

17-1454-41. (b)(5)(C)(ii) The home received a proof of positive TB testing for CG# 2 and CG#5 on November 11, 2015. Copy is on file in the home personnel record. The home will monitor personnel requirements every month that are due to avoid any requirement from expiring in the future. Attached are the copies of TB testing for CG# 2 and CG# 5.

17-1454-41. (b) (8) The home received a copy of First Aid Training for CG# 1 on November 17, 2015. Copy is on file in the home personnel record. The home will monitor personnel requirements every month that are due to avoid any requirement from expiring in the future. Attached is a copy of current First Aid Training for CG#1.

*Karen Gay Antonio 11/19/15*  
KAREN GAY ANTONIO  
91-952 Hanakahi St.  
Ewa Beach, Hawaii 96706