

Foster Family Home - Corrective Action Report

Provider ID: 2-120043

Home Name: Maria Margarita Velez, CNA

Review ID: 2-120043-4

15-1397 24th Ohe Street,
Shower Drive

Reviewer:

Keaau HI 96749

Begin Date: 7/28/2015

End Date:

8/3/15

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

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

Comment:

Home visit done on 7/28/15 to survey for recertification. Home not in compliance on day of survey. Deficiencies will be listed in the appropriate section of this document.

PCG to submit all de3ficiency documentation to CTA within 30m days of this survey.

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.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines, documentation needed for Adult household member. 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid. Documentation needed for SCG # 3 & 4.

Compliance Manager

Maria Margarita Velez
Primary Care Giver

7/28/15
Date

7/28/15
Date

My home came to survey today
This thing not in my book

- ① 41.b.8 SCG #3 CPR and FIRST AID
- ② 41.f.1 T.B Clearance to adult household member

- ① I thought SCG #3 CPR and FIRST AID are in my book. I will call them to give it to me and send to CTA
- ② I thought household member is okay the date of TB Clearance but I will let her to get one and send to CTA.

= My deficiencies I have now will not be happen again by make list in my book front page so that everytime I open I always look at them.

Received all documentation 8/31/15

Maria Margarita
Velez

Date - 7-28-15