

### Foster Family Home - Corrective Action Report

Provider ID: 2-120079

Home Name: Marfe Retundo, CNA

15-1617 31st Street

Kaunuu

HI 96749

Review ID: 2-120079-4

Reviewer:

Begin Date: 1/27/2015

End Date:

2/4/15

Foster Family Home

Required Certificate

[17-1454-6]

§.(c)(1) Comply with all applicable requirements in this chapter, and

Comment:

Home visit made to survey for recertification and change to 3 clients. Adult household member not in compliance on day of review. Home not in compliance on day of review. Documentation for out of compliance items will be listed in the appropriate section of this review. PCG to submit documentation for out of compliance items to CTA within 30 days of this review. Documentation for out of compliance items received within 30 days of the review. Home will be recertified for three client for one year.

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) No documentation for <sup>#1</sup> CG or Household member # 2.

41.(b)(8) No documentation for <sup>#1</sup> CG or <sup>#1</sup> CG # 2.

Carl Capeland RN MSN  
Compliance Manager

1/27/2015  
Date

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

2/4/15

My name is Marfe Retundo. I had my home inspected from CTA and I was missing some papers that need to renew before the inspection. So on my next inspection I will try my best to finish all my papers and the requirements that needs to be done. Like my CPR and First Aid I will try to renew it a month ahead before expire. Thank you for your time reading this letter and your understanding.

Marfe Retundo  
CNA, Provider