

# Foster Family Home - Corrective Action Report

Provider ID: 1-594657

Home Name: Nimfa Leslie, CNA

Review ID: 1-594657-4

91-733 Makule Road #C

Reviewer:

Ewa Beach HI 96706

Begin Date: 1/11/2016

End Date: 1/22/16

## 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 1/11/16. Corrective Action Report issued during home visit with all items due to CTA by 2/11/16.

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) - No current CPR, First Aid, and BBP certification present for CG [redacted] CG [redacted] and CG [redacted].

## 3 Person Fire Safety, 3 Person Fire Safety [17-1454-45] (3P) Natural Disaster

45.(3P)(b)(6) shall include all SCGs at least once per year

Comment:

45.(3P)(b)(6) - CG [redacted] has lead a fire drill in 2015.

## Foster Family Home Fiscal Requirements [17-1454-49.1]

49.1.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

49.1.(a) - CG [redacted] needs to keep a budget showing totals for both income and expenses.

\_\_\_\_\_  
Compliance Manager

*Rv*

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

\_\_\_\_\_  
Date

*1/11/16*

\_\_\_\_\_  
Date

*1/11/16*

41.(b)(8) - Sent CTA current CPR, first aid, and BBP certificates for CG [REDACTED]

45.(3P)(b)(6) – Sent CTA a fire drill form which shows CG [REDACTED] leading a fire drill

49.1(a) - Sent CTA a budget with income and expanses showing totals with income more than expenses.

I have put all items with expiration dates on my calendar. I made a schedule of fire drills including all CG's. I now have an accounting system that shows my income and expense totals

Nimfa Leslie

January 22,2016