

Foster Family Home - Corrective Action Report

Provider ID: 1-591372

Home Name: Marylo Farinas, CNA

Review ID: 1-591372-5

91-1057 Aeae St.

Reviewer:

Ewa Beach HI 96706

Begin Date: 1/26/2016

End Date: 1/30/2016

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Home visit made on 1/26/2015 for a 2-bed change to 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 2/9/2016.

6 (d)(1) see applicable sections of this 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) CG [redacted] and CG [redacted] BBP expired on 1/8/2016. CG [redacted] BBP expired on 1/15/2016. CG [redacted] have no current BBP present in the home.

Compliance Manager

Primary Care Giver

1/26/2016
Date

1/26/16
Date

January 28, 2016

This is to correct deficiencies during your visit made on 1/26/16 for a 2-bed change to 3-bed certification.

41.(b)(8) Attached are current Blood Borne Pathogen and Infection Control of CG [REDACTED] [REDACTED] dated January 25, 2016. These certificates are now present in the home and remain permanently on file. Blood Borne Pathogen and Infection Control of CG [REDACTED] will not lapse in the future because the home now has a tracking log in place.

[REDACTED]
Marylo N. Farinas
91-1097 Aea Street
Ewa Beach, Hawaii 96706

Date: 1/28/16