

Foster Family Home - Corrective Action Report

Provider ID: 1-120008

Home Name: Elena Fronda, CNA

Review ID: 1-120008-5

1684 Hoolana Street

Reviewer:

Pearl City HI 96782

Begin Date: 2/24/2016

End Date: 3/3/2016

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 2/24/2016 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 23/24/2016.

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] CPR expired on 10/23/2015 but renewed on 12/6/2015 with about 6 weeks lapse.

Compliance Manager

Primary Care Giver

Date

2/24/2016

Date

Written Plan of Correction

2/24/16

41(b)(8) CG [REDACTED] will not have any lapse for CPR in the future because the home now has a tracking log before all due dates for required documents

[REDACTED]

2/24/2016

1684 Hoolana St.
Pearl City, HI 96782