

Foster Family Home - Corrective Action Report

Provider ID: 2-509771

Home Name: Marilyn Aurelio, CNA

Review ID: 2-509771-5

523 West Kawaihani Street

Reviewer:

Hilo HI 96720

Begin Date: 10/29/2015 End Date: 12/4/15

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

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

Comment:

Survey performed on 10/29/15 for recertification of three client home. Home not in compliance on day of survey. Deficiencies will be listed in the appropriate section of this document. Documentation for deficiencies to be sent to CTA by 11/29/15.

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) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid. No documentation for care giver [redacted]

[redacted signature]

11-17-15
Date

[redacted signature]

11/17/15
Date

Primary Care Giver

In respond for my deficiency on my missing paper works
Row # 41.c 12 hrs annual training was not in my
binder for me. Life care made an error so I
requested another one as soon as I will get I
will send to CTA. ^{Next year I will make sure}
do my request more early before my CTA visit.
Row # 41 b. blood borne pathogens was not in
my binder for care givers [redacted] forgot to update
her record as soon as she get she will give
it to me and I will to CTA. I will look or
check my binders every month so I could
ask for the paper early.

[redacted]
11/17/15 - 12/1/15