

# Foster Family Home - Corrective Action Report

Provider ID: 1-100039

Home Name: Petty Basa, NA

Review ID: 1-100039-4

94-249 Paiwa Street

Reviewer:

Waipahu HI 96797

Begin Date: 2/22/2016

End Date: 2/29/16

## 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 2 person recertification review made on 2/22/16. Corrective Action Report issued during home visit with all items due to CTA by 3/22/16.

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 BBP certification for CG [REDACTED]

## Foster Family Home Quality Assurance [17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a) - Emergency Preparedness Plan not signed by all CG's.

Compliance Manager

*[Signature]*

Primary Care Giver

Date

*2/22/2016*

Date

2/22/2016 16:56 PM

41.(b)(8)- Sent CTA a current Blood Borne Pathogen on February 29,2016.

48.1(a)- Sent CTA signatures sheet for the Emergency Plan with all CG's signature meaning they have read the Plan.

I have put the expiration date for my BBP on my calendar and now understand the plan for the Emergency Preparedness Plan.

  
PETTY C. BASA  
February 29,2016