


State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION


Facility's Name: 15 Craigside	CHAPTER 90
Address: 15 Craigside Place, Honolulu, Hawaii 96817	Inspection Date: March 28&29, 2016 Biennial

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (c) All staff shall be trained in cardiopulmonary resuscitation and first aid.</p> <p><b>FINDINGS</b> Employee #1 no current cardiopulmonary resuscitation (CPR) certification or first aid certification in records. Please provide copies of the CPR and first aid certifications with your plan of correction.</p>	<p>Employee #1, and all other Shuttle Drivers, received CPR &amp; First Aid Training on 4/12/16.</p> <p>[REDACTED]</p> <p>To prevent the deficient practice from recurring, ISC has amended its policy so that all staff in the building are trained in CPR &amp; First Aid. This policy will be fully implemented by 12/31/16. Human Resources will track this information and ensure timely renewal of CPR/First Aid for all employees.</p>	<p>4/12/16</p> <p>5/9/16</p> <p>12/31/16</p>

Licensee's/Administrator's Signature: 

Print Name: Suzie Schulberg

Date: 5/10/16

Licensee's/Administrator's Signature: 

Print Name: Suzie Schulberg

Date: 4/22/16