

# Foster Family Home - Corrective Action Report

Provider ID: 5-160019

Home Name: Annette Rivera

Review ID: 5-160019-1

5188 Apelila ST.

Reviewer:

Kapaa HI 96746

Begin Date: 4/15/2016

End Date: 4/28/2016

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

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

Comment:

6 (d)(1) The NEW Home visit made [REDACTED] for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA [REDACTED]

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.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8) CG [REDACTED] and CG [REDACTED]: First Aid training record not present in the home for CG [REDACTED] and CG [REDACTED].

41.(f)(1) HHM [REDACTED]: TB clearance not present in the home.

### Written Plan of Correction

Date: April 25, 2016

41(b)(8) CG [REDACTED] now completed the first aid training [REDACTED]

[REDACTED] (Document attached)

41(f)(1) HHM [REDACTED]

[REDACTED] TB screening completed [REDACTED] (Document attached)

The home will utilize a tracking log/calendar for personnel requirement before due date to prevent from any expirations for the future.

