

# Foster Family Home - Corrective Action Report

Provider ID: 1-562638

Home Name: Ludivina Farinas, CNA

Review ID: 1-562638-4

94-443 Hamau Street

Reviewer:

Waipahu HI 96797

Begin Date: 5/6/2016

End Date: 6/16/16

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

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

Comment:

Recertification visit for 2 client CCFH [REDACTED] Corrective action report issued during review and due to CTA  
[REDACTED] See applicable sections 6.(d)(1)

## Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.(b)(5) CG#3 no privacy/ confidentiality training in record during 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#1,2,3 lapse in Blood born pathogens [REDACTED] Current Blood born pathogens on record during review.

CORRECTIVE ACTION PLAN

[REDACTED]

13.1b.5 Caregiver #3 signed Training Form [REDACTED]. I will make  
A list of all the caregivers and place it in front of my book. I will check every six months to make sure that each  
caregiver is in record.

41.b.8 Caregivers # 1,2 and 3 Bloodborne Pathogens were late but current.  
I have to be sure to check our Inservice such as our BloodBorne Pathogen, CPR, First Aid and our 8 hour Inservice for  
my substitute and my 12 hour Inservice. Check it every month to be sure.

[REDACTED]