

Foster Family Home - Corrective Action Report

Provider ID: 1-090119

Home Name: Myung Suk Hiruko, CNA

Review ID: 1-090119-4

94-1002-B Kikepa Street

Reviewer:

Waipahu HI 96797

Begin Date: 7/25/2016

End Date: 8/8/16

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

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

Comment:

6 (d)(1) Home visit made on 7/25/2016 for a 3-bed recertification. Corrective action report issued during 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.

Comment:

41.(b)(8) CG#2 Current First Aid not present in the home.

Compliance Manager

Myung Suk Hiruko

Primary Care Giver

Date

07/25/16

Date

Written Plan Correction

DATE: 07/25/2016

41.(b)(8) CG#2 now has First AID Certificate date

[REDACTED] Of two years . [REDACTED]

**The home has computer program to tract of requirements
before due date.**

Date: 07/25/2016

Name : MYUNGSUK Hiruko

Signature : *myungsuk Hiruko* 7/25/2016

Address : 94-1002 B kikepa St Waipahu HI 97797