

Foster Family Home - Corrective Action Report

Provider ID: 1-558900

Home Name: Priscila Lana, CNA

Review ID: 1-558900-4

94-1114-A Lumikuke Place

Reviewer:

Waipahu HI 96797

Begin Date: 3/21/2016

End Date: 3/22/2016

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

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

Comment:

6 (d)(1) Home visit [REDACTED] for a 2-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#1, #2, and #3 CPR and First Aid expired [REDACTED] but renewed [REDACTED] with about one month lapse.

Written Plan of Correction

41.(b)(8) C & #1, ⁶⁰³#3 CPR and First Aid will not lapse in the future because the home will use the Imperial calendar for all personal requirements are due before the expiration date.

