

Foster Family Home - Corrective Action Report

Provider ID: 1-559156

Home Name: Vilma Rabena, CNA

Review ID: 1-559156-4

91-933 Ahona Street

Reviewer:

Ewa Beach

HI 96706

Begin Date: 7/12/2016

End Date: 8/5/16

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 7/12/2016 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#4 CPR expired [REDACTED] but renewed [REDACTED] with about 9 months lapse. Renewal from [REDACTED] for CPR not present in the home.

Compliance Manager

[Signature]

Primary Care Giver

Date

7-12-16

Date

Written plan of correction

July 25, 2016

41.(b)(8) CG#4 CPR will not lapse again in the future. The home will use a tracking log to track all requirements before due dates.

July 25, 2016



Vilma Rabena
91-933 Ahona St.
Ewa beach, HI 96706