

Foster Family Home - Corrective Action Report

Provider ID: 1-562547

Home Name: Violeta Bernardino, RN

Review ID: 1-562547-4

1575 Ala Lani Street

Reviewer:

Honolulu

HI 96819

Begin Date: 7/26/2016

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 7/26/2016 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)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) CG#3 TB Clearance done [REDACTED] expired [REDACTED] but renewed [REDACTED] with about 2 weeks lapse.

41.(b)(8) CG#1 Blood Borne Pathogen (BBP) expired [REDACTED] but renewed [REDACTED] with one day lapse. CG#2 BBP expired [REDACTED] but renewed [REDACTED] with about 3 weeks lapse. CG#3 CPR and First Aid training expired [REDACTED] but renewed [REDACTED] with about 19 days lapse.

Compliance Manager

Violeta Bernardino

Primary Care Giver

Date

7/26/2016

Date

Written Plan of Correction

July 27, 2016

41.(b)(7)CG#3 TB Clearance will not lapse in the future. The home will use special calendar to mark that all requirements before due date.

41.(b)(8) CG#1, CG#2 & CG#3 will not lapse BloodBorne Pathogen, CPR, First Aid again in the future. The home will use special calendar to mark all requirements before due date.

Signed *Violeta A. Bernardino*

VIOLETA BERNARDINO

1575 Ala Lani St.

Hon. Hi. 96819