

Foster Family Home - Corrective Action Report

Provider ID: 1-582727

Home Name: Welma Nalos, CNA

Review ID: 1-582727-3

91-910 Pailani Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 3/9/2016

End Date: 4/26/16

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

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

Comment:

Recertification visit for 3 client CCFFH. Corrective action report issued during review and due to CTA [REDACTED] See applicable sections 6.(d)(1)

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 no proof of CPR [REDACTED] during review. CG#2 lapse in CPR and First Aid from CG#5 Lapse in Blood born pathogens from Current BBP in record during review.

3 Person Staffing 3 Person Staffing Requirements [17-1454-41] (3P)

41.(3P)(a)(4) A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility,

Comment:

41.(3P)(a)(4) CG#5 No current CNA license. [REDACTED]

Compliance Manager

Welma Nalos

Primary Care Giver

3/09/16

Date

3/09/16

Date

ATTN:

March 10, 2016

CORRECTIVE ACTION PLAN

WELMA G. XALOS: PCG

41. b.8 CG#1- CPR received [REDACTED].

Will place on calendar 1 month before and check monthly to make sure zero late again. Also need to make a copy for the card in case you miss place it.

CG#2- CPR & First Aid completed late.

Have current one. To avoid lapse will check monthly to keep updated.

CG#5- Blood Born Pathogen. current BBP

during review. TO AVOID LAPSE will check monthly to keep updated the important papers. 41. 3P. A. 4 EG#5. change to NA FROM CNA. Will check monthly to make sure documents updated correctly. Form sent to CTA [REDACTED] [REDACTED] [REDACTED] TO PREVENT EXPIRED DOCUMENT. NEED TO CHECK 1 month before to make sure not late again.
Welma G. Xalos

Primary Care Giver