

# Foster Family Home - Corrective Action Report

Provider ID: 2-090046

Home Name: Zita Gomes, RN

17-168 Ipuaiwaha St.

Keaau HI 96749

Review ID: 2-090046-5

Reviewer:

Begin Date: 7/29/2016

End Date: 8/03/16

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

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

Comment:

Survey performed to recertify three client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA [REDACTED]

## Foster Family Home Reporting Changes [17-1454-10]

10.(2) In the criminal history record and adult protective service perpetrator history of the operator or any employee of the case management agency, or the primary caregiver, substitute caregiver, or other adults in the home, except for clients receiving care;

Comment:

10-2  
No change of CG form for removal of CG # 2 in home binder.

## 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

No documentation of CPR/First aid for CG # 3 in home binder.

Compliance Manager

Zita Gomes  
Primary Care Giver

7/28/16  
Date

7/27/2016  
Date



Zita's Adult Foster Home  
17-168 Ipuaiwaha Street, Keaau, Hawaii 96749  
Home Phone#: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ ;  
Email address: \_\_\_\_\_

Plan of Correction

Recertification Date: July 27, 2016

10. (2) The home had sent Substitute Caregiver Change Notification form for CG #2 before but could not find receipt. The home will now keep all receipts in the binder.

41. (b)(8) The home has CPR/First aid for CG # 3 but not in binder. The home will ensure put all updated requirement forms in binder. [REDACTED]

Signed:

*Zita Gomes*  
Zita Gomes

7/27/2016