

Foster Family Home - Corrective Action Report

Provider ID: 5-110076

Home Name: Rosalia Roman, CNA

Review ID: 5-110076-6

5342 Olopuua Street

Reviewer:

Kapaa

HI 96746

Begin Date: 7/26/2016

End Date:

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person recertification review made on 7/26/16. Corrective Action Report issued during home visit with all items due to CTA by 8/26/16.

6.(d)(1) - see applicable sections of the 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) - Blood Borne Pathogen certification expired for CG #2.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

[17-1454-45] (3P)

45.(3P)(b)(6) shall include all SCGs at least once per year

Comment:

45.(3P)(b)(6) - All SCG's haven't lead a fire drill this past year.

Compliance Manager

Rosalia T. Roman

Primary Care Giver

Date

7-26-16

Date

7/30/16

41. (6) (8)

I showed CTA a current *Blood Borne Pathogen Certificate* for CG #2 on the day of my recertification 7/27/16.

45. (3p) (b) (6)

I have sent CTA a *Fire Drill Schedule* showing all CG will be leading at least 1 fire drill this year on 7/29/16.

I will place *CPR, First Aid, & Blood Bourne Pathogen Certification* expiration dates for all CG on my computer and check every month.

Rosalia T. Roman