

Foster Family Home - Corrective Action Report

Provider ID: 1-562109

Home Name: Gina Domingo, CNA

Review ID: 1-562109-4

94-1027 Pa'awa Place

Reviewer:

Waipahu

HI 96797

Begin Date: 9/19/2016

End Date: 9/26/2016

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 9/19/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/19/2016.

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#1 TB clearance done on 9/12/14 expired 10/12/15 but renewed on 12/17/15 with about 2 months lapse. CG#2 TB clearance done on 9/13/14 expired 10/13/15 but renewed on 3/23/16 with about 5 months lapse. CG#4 TB clearance done on 6/23/14 expired 7/23/15 but renewed on 1/27/16 with about 6 months lapse.

41.(b)(8) CG#4 CPR, 1st Aid, and Blood Borne Pathogen certifications were expired on 1/15/16 but renewed on 2/6/16 with about 3 weeks lapse.

Compliance Manager



Primary Care Giver

Date

9/19/16

Date

9/19/2016 19:35 PM

WRITTEN PLAN OF CORRECTION

9/20/2016

41.(b)(7) CG#1, CG#2, CG#4 WILL NOT LAPSE TB CLEARANCE IN THE FUTURE AGAIN. THE HOME WILL PREVENT FROM THIS HAPPENING AGAIN BY USING REMINDER LOG AND IPHONE CALENDAR FOR ALL REQUIREMENTS BEFORE EXPIRING YEARLY FOR TB CLEARANCES.

41.(b)(8) CG#4 CPR, 1ST AID, AND BLOOD^{BO}BORNE PATHOGEN TRAINING WILL NOT LAPSE AGAIN IN THE FUTURE. THE HOME NOW USES REMINDER LOG IN FRONT OF THE HOME BINDER AND BACK-UP REMINDER WITH THE IPHONE CALENDAR FOR ALL REQUIREMENTS BEFORE DUE DATE.

9/20/2016

Gina Domingo

GINA DOMINGO

94-1027 PAIWA PLACE

WAIKANAHE, HI 96797