

Foster Family Home - Corrective Action Report

Provider ID: 2-090055
Home Name: Joane Cartaga, CNA Review ID: 2-090055-5
38 Ainalako Road Reviewer:
Hilo HI 96720 Begin Date: 7/13/2016 End Date: 7/13/16

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 two client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA by 8/13/16.

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:

No TB clearance in home binder for CG # 3 or 4.

No Blood borne pathogen training in home binder for CG #4.

Compliance Manager

Joane W. Cartaga
Primary Care Giver

10/13/16
Date

7/13/2016
Date