

Foster Family Home - Corrective Action Report

Provider ID: 1-140061

Home Name: Mary Rose Velez, CNA

Review ID: 1-140061-3

1628 Owawa Street

Reviewer:

Honolulu

HI 96819

Begin Date: 8/31/2016

End Date: 10/10/16

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 2 person CCFFH recertification review made on 8/31/16. Corrective Action Report issued during home visit with all items due to CTA by 10/1/16.

6.(d)(1) - see applicable sections of the 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

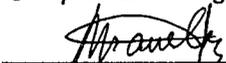
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - No current TB clearance for CG #2.

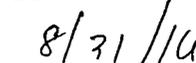
41.(b)(8) - Blood Borne Pathogen certification expired before obtaining new certification for CG # 1 and CG #5.

Compliance Manager



Primary Care Giver

Date



Date

Oct.05.2016 23:09 hello

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41.(b)(7) – I sent CTA a current TB clearance for CG #2 on 10/06/16.

41.(b)(8) – I showed CTA current Bloodborne Pathogen Certificates for CG #1 and CG #5 on the day of my recertification (8/31/16).

I made a list of all items with expiration dates like, CPR, TB, APS/CAN, and placed in the front of my CTA binder. I will review every month.

Mary Rose Velez ~~M. Velez~~ 10/06/16