

# Foster Family Home - Corrective Action Report

Provider ID: 1-130050

Home Name: Baltazar Mayo, NA

Review ID: 1-130050-5

91-706 Poloula Place

Reviewer:

Ewa Beach

HI 96706

Begin Date: 10/3/2016

End Date: 10/26/2016

## 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 10/3/2016 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 11/3/2016.

6 (d)(1) see applicable sections of this 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) CG#3 No current Blood borne pathogen (BBP) training present in the home.

Compliance Manager

Primary Care Giver

Date

Date

10/03/16

## Written Plan of Correction

October 18, 2016

The statement made on this plan of correction are in compliance with all State regulations, the CCFFH has taken or will take the actions set forth in the following plan of correction. The plan of correction constitutes the CCFFH's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by date indicated.

41.(b)(8) CG #3 completed Blood Borne Pathogen certification on June 29, 2016 however, the certification card was missing during the home visit. PCG found out, and was misfiled in an old binder. The home now maintains a separate filing cabinet for CCFFH documents to avoid missing/misfiling so in the future, this will not happen again.

Date: . 10/18/16

  
Signed: Baltazar Mayo  
91-706 Poloula Place  
Ewa Beach, Hi 96706