

Foster Family Home - Corrective Action Report

Provider ID: 1-562513

Home Name: Carina Aguilar, CNA

Review ID: 1-562513-5

94-1356 Waipahu Street

Reviewer:

Waipahu HI 96797

Begin Date: 10/19/2016

End Date: 10/24/2016

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 10/19/2016 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 11/19/2016.

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#3 lapsed on TB clearance due on/before 7/23/2016 but renewed on 10/6/2016.

41.(b)(8) CG#2 lapsed CPR and First Aid training due on/before 1/12/2015 but renewed on 1/30/2015.

Compliance Manager

Primary Care Giver

Date

Date

Written Plan of Correction

October 20, 2016

41.(b)(7) CG # 3 - TB clearance will not lapse in the future because the home monitor expiration dates in a note book to renew all requirements 2 weeks before expiration to prevent lapses in the future.

41.(b)(8) CG # 2 - CPR and 1st Aid will not lapse in the future because the home monitor expiration dates in a note book to renew all requirements 2 weeks before expiration to prevent lapses in the future.

10/20/2016

CARINA KAREN AGUILAR

94-1356 Waijahua St.

Waijahua Hi. 96817