

# Foster Family Home - Corrective Action Report

Provider ID: 4-130063

Home Name: Carmelita Quemado, CNA

Review ID: 4-130063-4

430 Puolo Place

Reviewer:

Kahului

HI 96732

Begin Date: 11/17/2016

End Date:

11/23/2016

## 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 11/17/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 12/17/2016.

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#1 lapsed on First Aid and CPR due on/before 4/14/16 done on 4/28/16 and CG#5 lapsed on First Aid and CPR due on/before 5/9/16 done one 5/27/16

## Foster Family Home

## Fire Safety

[17-1454-45]

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.(b)(2) CG#5 documentation to conduct Fire Drill not present in the home.

Compliance Manager

C. Quemado  
Primary Care Giver

Date

11-17-2016

Date

11/17/2016 16:37 PM

## Written Plan of Correction

11-20-16 41. (b)(8) CG#1 and CG#5 will not lapse on CPR and First Aid in the future again. The home will prevent this from happening in the future by using a special calendar for all requirements one month before due date.

45.(b)(2) CG#5 conducted fire drill on 11-18-2016. This will not happen again in the future because all caregiver will be trained from now on to conduct fire drill.

11-20-16

Cinquedo  
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