

Foster Family Home - Corrective Action Report

Provider ID: 1-587446

Home Name: Rosalina Balmilero, CNA

Review ID: 1-587446-5

94-817 Hohiu Place

Reviewer:

Waipahu

HI 96797

Begin Date: 10/20/2016

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 10/20/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 11/20/2016.

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#5 lapsed in CPR due on/before 12/16/15 done on 3/21/16, first aid due on/before 7/10/14 done on 11/25/14, and blood born pathogen training due on/before 11/22/15 done on 3/21/16.

Compliance Manager

Rosalina Balmilero

Primary Care Giver

Date

10-20-2016

Date

Written Plan of Correction

Oct. 21, 2016

41(b)(8) CG#5 CFR, 1st Aid and bloodborne Pathogens will not lapse in the future, and To prevent from not happening again, the home will use a computer to track the dates before all requirements expires.

Oct. 21, 2016

Rosaline L. Baliles
94-817 Hahaione Place
Waipahu HI. 96797