

# Foster Family Home - Corrective Action Report

Provider ID: 1564501

Home Name: Aristotle Ramos, CNA

Review ID: 1-564501-4

2820-B Kalihi Street

Reviewer:

Honolulu HI 96819

Begin Date: 11/21/2016

End Date: 12/5/2016

## 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 11/21/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 12/21/2016.

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 present in the home.

Compliance Manager

Primary Care Giver

Date

Date

11/21/2016

Nov.30.2016 08:25 PM AristotleRamosFosterHome


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**November 30, 2016**

**Written plan of correction for 41.(b)(8)**

**SG#3 completed Blood borne pathogens on November 23, 2016.**

**From here on, tracking of documents has been established on the computer to be in compliance all the time.**

  
**Aristotle Ramos**  
**Primary Caregiver**