

Foster Family Home - Corrective Action Report

Provider ID: 1-511122

Home Name: Catalina Tano, LPN

Review ID: 1-511122-3

94-1312 Huakai Street

Reviewer:

Waipahu HI 96797

Begin Date: 9/7/2016

End Date: 9/7/16

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 9/7/16. Corrective Action Report issued during home visit with all items due to CTA by 10/7/16.

6.(d)(1) - see applicable sections of the review

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(4) - No current disclosure form for CG #3.

41.(b)(8) - No current Blood Borne Pathogen certification for CG #3.

Compliance Manager

Catalina Tano

Primary Care Giver

Date

9/7/16

Date

Sept. 7, 2016

41. (b)(4) I sent CTA a current substitute form for C#3 on 9/7/16

41. (b)(8) - I sent CTA a current Blood Borne Pathogen Certificate for C#3 on 9/7/16

I have made a list of all items with expiration dates and placed in the front of my CTA binder and I will review monthly.

Cataline Tano
9/7/2016