

Foster Family Home - Corrective Action Report

Provider ID: 1-150070

Home Name: Christine Dela Cruz, CNA

Review ID: 1-150070-2

94-538 Koaleo St.

Reviewer:

Waipahu HI 96797

Begin Date: 8/30/2016

End Date: 9/13/2016

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 8/30/16 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/30/2016.

6 (d)(1) see applicable sections of this review.

Foster Family Home

Personnel and Staffing

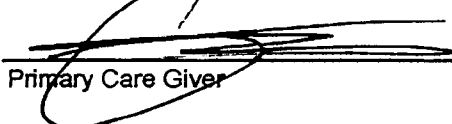
[17-1454-41]

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

Comment:

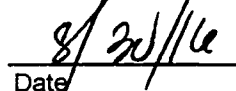
41.(b)(8) CG#1 Blood Borne Pathogen expired on 7/15/16 but renewed on 8/6/16 with about 3 weeks lapse.

Compliance Manager



Primary Care Giver

Date



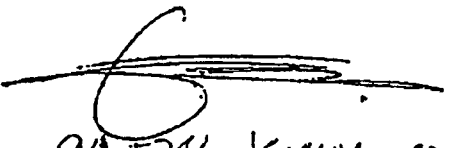
Date

WRITTEN PLAN OF CORRECTION

August 30, 2016

41. (b)(8) CG # 1

I WILL NOT LAGGE IN FOOD BORNE
PATHOGEN CERTIFICATION IN THE FUTURE BECAUSE
THE HOME NOW USES IPHONE AND A CALENDAR
IN FRONT OF MY HOME BINDER TO KEEP TRACK
OF ALL REQUIREMENTS BEFORE DUE DATE.


94-538 KOKUED ST.
WILSON HI 96797