

Foster Family Home - Corrective Action Report

Provider ID: 1-509664

Home Name: Heide Aquino, CNA

Review ID: 1-509664-6

91-833 Oama Street

Reviewer:

Ewa Beach

HI 96706

Begin Date: 8/2/2016

End Date: 8/5/16

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 recertification review made on 8/2/16. PCG requests to increase to a 3 client CCFFH. Corrective Action Report issued during home visit with all items due to CTA by 9/2/16.

6.(d)(1) - see applicable sections of the 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) - No current First Aid certification for CG #1.

Compliance Manager

Heide Aquino
Primary Care Giver

Date

8/2/16

Date

41.(b)(8) - I sent CTA a current
First aid certificate for
CG #1 on 8/5/14.

I have made a list of
items that need renewing
and put in the front
of my CTA binder. I
will review monthly.

Heide Aquino
Aug. 5, 2014