

Foster Family Home - Corrective Action Report

Provider ID: 2-511883

Home Name: Imelda Pacris, LPN

Review ID: 2-511883-5

124 West Kirial Place

Reviewer:

H# HI 96720

Begin Date: 8/17/2016

End Date: 8/31/16

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

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

Comment:

Survey performed to recertify three client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA by 8/17/16.

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.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

No CPR, First Aid, 12 hours of annual training or blood borne pathogens in home binder for care giver #3.

Compliance Manager

Imelda Pacris

Primary Care Giver

8-18-16

Date

8/18/2016

Date

PACRIS FOSTER FAMILY HOME

PROVIDER ID 2-511883

IMELDA PACRIS L.P.N.

Imelda Pacris

FOSTER HOME CORRECTIVE ACTION

DEFICIENCY OF CAREGIVER #3 EDWIN PACRIS

Rule number 41.(b)(8) Secure current training in blood borne pathogens and infection control. Cardio-pulmonary resuscitation and basic first aid - see attached

To prevent in the future from reoccurring late place a reminder in the calendar.

Rule Number 41.(c) accomplish 12 hours of Annual Training - see attached

To prevent in the future from reoccurring late, place a reminder in the calendar.