

Foster Family Home - Corrective Action Report

Provider ID: 1-563123

Home Name: Jolly Orozco, CNA

Review ID: 1-563123-6

94-1022 Kaloli Loop

Reviewer:

Waipahu HI 96797

Begin Date: 12/7/2016

End Date: 12/9/16

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 12/7/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/7/2017.

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

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) CG#1 lapsed on Adult Protective Services/Child Abuse Neglect (APS/CAN) checks Due on/before 1/6/2016 done on 5/11/16 and CG#2 lapsed on APS/CAN on/before 1/8/16 done on 5/11/16.

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.

Comment:

41.(b)(8) CG#2 lapsed on CPR and first aid due on/before 10/1/16 done 10/3/2016.

Compliance Manager

Primary Care giver

Date

Date

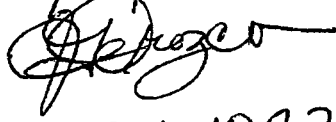
Written Plan of Correction

12/8/2016

7.1 (a)(2) CG # 1 + 2: APS/CAN will not lapsed anymore again because the home binder has a list of requirements 1 month before they expire.

4.1 (b)(8) CG # 2 will not lapse in CPR and first Aid anymore because the home binder has a list of requirements 1 month before the due date.

Date: 12/8/2016

Sign: 

Address: 94-1022 Kaloli Loop
Waipahue Hawaii 96797