

Foster Family Home - Corrective Action Report

Provider ID: 1-150013

Home Name: Noreen Montijo, NA

94-833 Kalaiaha Place

Waipahu HI 96797

Review ID: 1-160013-2

Reviewer:

Begin Date: 12/29/2016

End Date: 1/17/2017

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 12/29/16 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/29/2017

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#2 Current First Aid and Blood borne Pathogen not present in the home.

Compliance Manager

Primary Care Giver

Date

Date

12/29/2016

01/16/2017 10:31

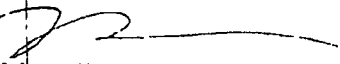
NOREEN

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Written Plan of Correction

41.(b)(8) CG#2 - First Aid completed on 01/14/2017, Blood borne Pathogen completed on 01/03/2017. The home will use a computer programmer to keep track of all requirements before the expiration dates so this will not happen again in the future.

Date: 01/16/2017

Signed: 
Noreen Montijo Provider ID 1-160013
94-833 Kalaiaha Place
Waipahu, HI 96797