

Foster Family Home - Corrective Action Report

Provider ID: 1-120007

Home Name: Denise Yoshida, CNA

Review ID: 1-120007-6

91-471 Fort Weaver Road

Reviewer:

Ewa Beach HI 96706

Begin Date: 1/18/2017

End Date: 1/20/2017

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 1/18/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 2/18/2017.

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) Lapsed on CPR and First Aid training due on/before 1/9/16 done on 2/7/16 and lapsed on Blood Borne Pathogen (BBP) due on/before 10/29/16 done on 1/16/17 for CG#1 and CG#2.

Compliance Manager

Primary Care Giver

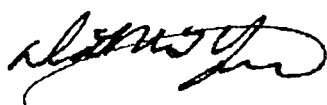
Date

Date

Written Plan of Correction

1/19/17

41(B)(E) CPR, FIRST AID TRAINING and (BBP) Blood borne Pathogen: Will no longer lapse in the future for CG #1 and CG #2
To prevent this I will keep record on my calendar to renew 1 month in advance.

1/19/17 

Denise M. Tinkler-Joshua
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Ewa Beach, HI, 96706