

Foster Family Home - Corrective Action Report

Provider ID: 1-562555
Home Name: Josephine Bio, CNA Review ID: 1-562555-5
91-1104 Hanakahi Street Reviewer: -
Ewa Beach HI 96706 Begin Date: 11/22/2016 End Date: 12/31/2016

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

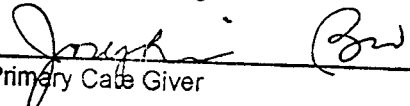
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:
6 (d)(1) Home visit made on 11/22/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 12/22/2016.
6 (d)(1) see applicable sections of this review.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:
41.(b)(7) CG#2 lapsed Blood Borne Pathogen (BBP) due on/before 2/11/16 done on 2/20/16.
41.(b)(8) No proof of current positive/negative TB skin test for CG#3

Compliance Manager

Primary Care Giver

Date
11/22/16
Date

01/01/2016 12:02AM

JOSEPHINE BIO

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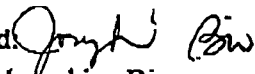
Written Plan of Correction

December 31, 2016

41.(b)(7) CG#2 will not lapse in Blood Borne Pathogen Certification in the future because the home will use a calendar to remind 1 or 2 weeks before the expiration dates the CGs will get their requirements renewed.

41.(b)(8) CG#3 located TB clearance dated March 5, 2015 as proof for ^{positive} TB clearance. The proof for TB clearance is filed in the home binder from now on.

Date: 12/31/16

Signed: 
Print: Josephine Bio
91-1104 Hanakahi St.
Ewa Beach, HI 96706