

Foster Family Home - Corrective Action Report

Provider ID: 1-628117

Home Name: Laura Dela Cruz, RN

Review ID: 1-628117-4

94-1078 Haalau Street

Reviewer:

Waipahu

HI 96797

Begin Date: 1/12/2017

End Date: 1/24/17

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

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) No current First Aid training for CG#4. Lapsed on Blood Borne Pathogen (BBP) due on/before 7/15/16 done on 9/15/16 for CG#3 and due on/before 11/10/16 done on 11/23/16 for CG#4.

Compliance Manager

Sdelaney

Primary Care Giver

Date

1/12/17

Date

Written Plan of Correction:

Jan. 23, 2017

- > 41.68 current first aid trainings completed on date 1/20/2017 - 1/20/19 for CG #4.
- > Bloodborn pathogen will not lapse anymore for CG #3 + 4.

PREVENTION PLAN:

Check all papers / documents / invoice + put sticker + make a list whose substitute (CG) is expiring and talk or instructed substitutes care givers to update their invoice on time.

Jan. 23, 2017

S. Delacruz

94-1078 HAALAU ST.
WAIKAKAI HAWAII 96797