

Foster Family Home - Corrective Action Report

Provider ID: 1-564288

Home Name: Margarita Custodio, CNA

Review ID: 1-564288-4

94-460 Pilimai Street

Reviewer:

Waipahu

HI 96797

Begin Date: 1/13/2017

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 1/13/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 2/13/2017

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 First Aid due on/before 11/3/2016 done on 11/29/16 for CG#5.

Compliance Manager

M B Custodio

Primary Care Giver

Date

1/13/17

Date

WRITTEN PLAN OF CORRECTION

01-14-17

41.(b)(8) Lapsed on First Aid due on/before 11/3/2016 done on 11/29/16 for CG#S, which not happening again in the future.

Prevention Plan:

To update all requirements 2 weeks before expirations date with calendar.

JNB CML/rdw

01-14-17

94-460 PILIMAI STREET WAIKAIHI HI 96797