

# Foster Family Home - Corrective Action Report

Provider ID: ~~5-140026~~

Home Name: Marites Anacleto, CNA

Review ID: 5-140026-4

3815 Uakea Place

Reviewer:

Lawai HI 96756

Begin Date: 1/27/2017

End Date: 2/6/2017

## 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 1/27/2017 for a 2-bed change to 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 2/10/2017.

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) Current TB clearance not present in the home for CG#1 and CG#2.

41.(b)(8) Lapsed in CPR and First Aid training due on/before 10/22/2016 done on 11/2/2017 for CG#1.

Compliance Manager

Marites Anacleto  
Primary Care Giver

Date

01-27-17

Date

"Written Plan of Correction"

Date: 02-03-2017

41(b)(7) Current TB clearance done on 10-15-16  
For CG #1 and on 02-02-2017 For CG #2.

Prevention plan - The home will have TB done before due date by using a requirement chart 15 days before it expires.

41(b)(8) CG #1 will not lapse CPR & First aid anymore in the future.

Prevention from lapsing by using a requirement chart 15 days before it lapse for CPR & First aid.

Date: 02-03-2017

Sign: Marites Anacleto

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