

Foster Family Home - Corrective Action Report

Provider ID: 1-572538

Home Name: Nenita Gouveia, CNA

Review ID: 1-572538-5

94-573 Kahuanani Street

Reviewer:

Waipahu HI 96797

Begin Date: 2/8/2017

End Date: 2/9/2017

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 2/8/2017 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 3/8/2017.

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 due on/before 12/31/2015 was done on 1/4/2016 for CG#1.

Compliance Manager

Nenita Gouveia
Primary Care Giver

Date

2/8/2017

Date

Written Plan of Correction

2/9/2017

41.(b)(8) CG #1 will not lapse on CPR again in the future.

The home will make a list of all the requirements such, CPR, First Aid etc., to prevent lapsing in the future;

because the home will use iPhone calendar to renew 1-3 weeks before expiration date.

2/9/2017

Jennifer Atwood
94-573 Kahuakani St.
Waipahu, HI 96797