

Foster Family Home - Corrective Action Report

Provider ID: 2-160075

Home Name: Rachel Corpuz, CNA

Review ID: 2-160075-1

16-508 Ohe St.

Reviewer:

Keaau HI 96749

Begin Date: 11/16/2016

End Date: 12/08/16

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

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

Comment:

Survey performed to certify new two client home. Home not in compliance on day of survey. Corrective action report issued with plan of correction due to CTA by 12/16/16.

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:

No blood borne pathogens or annual training hours for caregiver #2.

Compliance Manager

Date

11-16-16

Primary Care Giver

Date

11-16-16

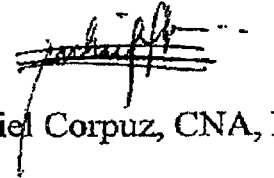
December 12, 2016

To:
Hawaii Compliance Manager
Community Ties of America

From: Rachiel Corpuz, CNA

My corrective action for regulation (17-1454-41), 41.(b)(8). I will make sure that all my results will be in my chart before the due dates. I will use my cell phone reminder to remind me, 2 months before expiration dates. Caregiver #2 completed his blood borne pathogens and annual training 11/25/2016. Documentations are filed in caregiver's binder.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Rachiel Corpuz', is written over a set of three horizontal lines. To the right of the signature, there are several small, faint marks that look like dashes or dots.

Rachiel Corpuz, CNA, PCG