

Foster Family Home - Corrective Action Report

Provider ID: 5-110021

Home Name: Teresita Cummings, CNA

4991 Manako Place

Kapaa

HI 96746

Review ID: 5-110021-6

Reviewer:

Begin Date: 1/25/2017

End Date: 1/31/2017

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 1/25/2017 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 2/25/2017

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 and First Aid training due on/before 8/9/2016 done on 8/18/2016 for CG#1. Current CPR and First Aid training not present in the home for CG#2.

Compliance Manager

Primary Care Giver

Date

Date

1/25/2017 17:25 PM

Written Plan of Correction

41 (b)(8)

Will not lapse again CPR and First Aid Training CG 1

Prevention:

By keeping an eye on expiration with calendar and do it before it expires.

CG 2

CPR and First aid Completed on 04-2018

Prevention:

By checking the dates carefully and making sure its current: because I misread the date of 2016 instead of 2018

Jeretta Coman
January 20, 2017

4991 Mamako Pl
Kagan Hi 96746