

Foster Family Home - Corrective Action Report

Provider ID: 5-120068

Home Name: Amy Melchor-Tamayo, RN

Review ID: 5-120068-5

5383 Olopuu Street

Reviewer:

Kapaa HI 96746

Begin Date: 1/25/2017

End Date: 2/21/17

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 2-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 11/16/2016 done on 11/27/2016 for CG#2.

Foster Family Home Insurance Requirements [17-1454-49]

49.(a)(1) General;

Comment:

49.(a)(1) Current Liability Insurance not present in the home for CG#1, #2, and #3.

Compliance Manager

Amy Melchor-Tamayo
Primary Care Giver

Date

01/25/2017
Date

**AMY MELCHOR-TAMAYO CCFH
Recertification Visit
January 25, 2017**

PLAN OF CORRECTION:

41.(b)(8) Lapsed on CPR and First Aid training due on/before 11/16/2016 done on 11/27/2016 for CG#2

In order to prevent this deficiency from happening again, CG to keep on the calendar to renew CPR/First Aid training at least one month before training expires.

49(a)(1) Current Liability Insurance not present in the home for CG#1, #2 and #3.

**Liability insurance for CG#1, #2 and #3 obtained effective February 1, 2017.
In order to prevent this deficiency from happening again, CG to keep on the calendar to renew liability insurance at least one month before liability insurance expires.**

Submitted by:

amy melchor tamayo PCG
**AMY MELCHOR-TAMAYO, PCG
February 16, 2017
5383 Olopuu Street
Kapaa, HI 96746**