

# Foster Family Home - Corrective Action Report

Provider ID: 1-580234

Home Name: Leonora Antonio, CNA

Review ID: 1-580234-4

94-1075 Puloku Street

Reviewer:

Waipahu

HI 96797

Begin Date: 12/13/2016

End Date: 2/16/17

## Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 12/13/16. Corrective Action Report issued during home visit with all items due to CTA by 1/13/17.

6.(d)(1) - see applicable sections of the 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) - No Chest X-ray present for CG #2 and CG #3.

41.(b)(8) - No current Blood Borne Pathogen certification. Last certification done on 4/12/15.

Compliance Manager

Primary Care Giver

Date

Date

Nora's Foster Home  
94-1075 Puloku St  
Waipahu, HI 96797

Community Ties of America, Inc  
45-955 Kamehameha Hwy Ste 300  
Kaneohe, HI 96744  
808.234.5380  
808.234.5470 Fax

Attention: Compliance Manager

Subject: Response to annual inspection

Dear

As per your inspection items were corrected as follows:

41 (b) (7) I sent CTA proof of chest xrays for SCG # 2 and SCG # 3 on Dec 16, 2016

Note: attached

41 (b) (8) I sent CTA proof of blood borne pathogen certification for CG # 3 on Dec 16, 2016

Note: attached

I have made a list of expiration dates of Blood borne pathogen for all my SCG and placed in the front on my CTA binder.

Sincerely,



Leonora Antonio

2/15/16