

Foster Family Home - Corrective Action Report

Provider ID: 2-100019
Home Name: Rueda Ramos, CNA Review ID: 2-100019-3
15-1588 31st Avenue Reviewer:
Keaau HI 96749 Begin Date: 1/25/2017 End Date: 2/13/17

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

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

Home visit survey performed to recertify three client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA by 2/25/17.

Foster Family Home Personnel and Staffing [17-1454-41]

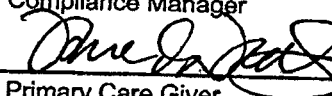
41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

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 TB clearance for caregiver #4 for 2016.

41.(b)(8) No 2016 blood borne pathogens for caregiver # 3 in home binder. No blood borne pathogens for caregiver # 4 for 2015, 2016 is in home binder for care giver # 4.

Compliance Manager


Primary Care Giver

1/25/17

Date
1/25/17

Date

on 1/25/17, my home was inspected and I did not have a current ⁽²⁰¹⁶⁾ TB clearance for caregiver #4 in my binder —

Rule # 41.(b)(7) ~~the~~ caregiver #4 did complete her 2016 TB test and it is now in my home binder. I will make sure in the future that I file it as soon as I get it. Rule # 41.(b)(8) Caregiver #3 did not have blood borne pathogen for 2016 in my home binder. ~~She~~ ^{caregiver #3} ~~has~~ completed bloodborne pathogens and I put it in my home binder on 1/25/17. In the future I will double check to make sure everything is in my binder each month. Red #41.(b)(8) caregiver #4 did not ~~not~~ have blood borne pathogens for 2015. Caregiver #4 could not find copy so in the future I will get the copies and file them right away.

Eric Island