

Foster Family Home - Corrective Action Report

Provider ID: 4-510843

Home Name: Norma Romero, CNA

Review ID: 4-510843-4

48 Aoloa Loop

Reviewer: Sue Lo

Kahului HI 96732

Begin Date: 6/28/2017

End Date: 7/9/2017

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 6/28/2017 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 7/28/2017.


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 6/14/2014 was done on 6/28/2016 for CG#2 and was done on 7/25/2016 for CG#5.



Compliance Manager



Primary Care Giver

6/28/2017
Date

6-28-17
Date

WRITTEN PLAN OF CORRECTION

July 1, 2017

41. (b)(8) CG#2 & CG#5 will not lapse in CPR & FIRST AID again next time.

Plan to prevent the above from happening again I made a list of all requirements and posted on the refrigerator for all caregivers to remind me to tell the CG's to renew requirements before due date.

Norma A. Romero

48 Aloa loop

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