

Foster Family Home - Corrective Action Report

Provider ID: 5-160044

Home Name: Alma Dacuycuy, CNA

Review ID: 5-160044-2

4633 Opukea St.

Reviewer: David Ayling

Lihue HI 96766

Begin Date: 7/31/2017

End Date: 8/4/17

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 2 person CCFFH recertification review made on 7/31/17. Corrective Action Report issued during home visit with all items due to CTA by 8/31/17.

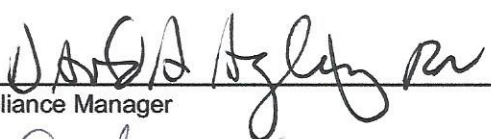
6.(d)(1) - see applicable sections of the review

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

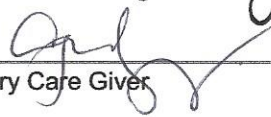
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current approved CPR/First Aid for CG #3 and CG #4(CPR and First Aid was done via internet). No current Blood Borne Pathogen certification for CG #4.


Compliance Manager

7/31/17
Date


Primary Care Giver


7/31/17
Date

August 01, 2017

41.(b)(8) - I received a current CPR and First Aid certification for CG # 3 and CG # 4 and placed in my CIA Binder.

I also received a current Bloodborne Pathogen Certification from CG # 4

I wont use the internet for CPR and First Aid certification and I have listed all items with expiration dates (CPR, TB, APS/CAN) and added them to my reminders set for 1 month prior to expiration.


ALMA P. DACUYCUY

4633 OPUIKEA ST

LITUE HI 96766

August 01, 2017