

Foster Family Home - Corrective Action Report

Provider ID: 1-140004

Home Name: Jesusa Alcantara, CNA

98-391 Puaalii Street

Aiea HI 96701

Review ID: 1-140004-4

Reviewer: Sue Lo

Begin Date: 6/9/2017

End Date: 6/19/2017

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 6/9/2017 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 7/9/2017.

6 (d)(1) see applicable sections of this 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) Lapsed on TB clearance due on/before 6/4/17 - was done on 6/9/2017 for CG#4.

41.(b)(8) Lapsed on CPR due on/before 3/3/16 - was done on 7/28/16 for CG#2. Lapsed on Firs Aid training due on/before 7/1/16 -was done on 8/23/16 for CG#1, CG#2, and CG#3.

Compliance Manager

Primary Care Giver

Date

6-9-17

Date

Written Plan of Correction

6-10-17

41.(b)(8) CG #4 will see to it not to lapse again in the future.

41.(b)(8) CG #~~4~~ 2 will see to it not to lapse on CPR again in the future.

CG #1, CG #2, & CG #3 will see to it not to lapse on First Aide again in the future.

Prevention plan not to lapse.

The home now has a list of all requirements with their due dates so it will not lapse again in the future, because I will renew it before the due date.

 98.391 Puuati St Aiea HI 96701