

Foster Family Home - Corrective Action Report

Provider ID: 1-160028

Home Name: Mariedel Garingo, CNA

Review ID: 1-160028-2

1635 Owawa St.

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 3/2/2017

End Date: 3/8/17

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 3/2/17. Corrective Action Report issued during home visit with all items due to CTA by 4/2/17.

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

Foster Family Home Personnel and Staffing

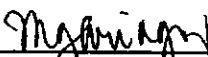
[17-1454-41]

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 CPR and First Aid certification present for CG #2.

Compliance Manager


Primary Care Giver

Date

3-2-17
Date

41. (b)(8) - I have obtained CPR & FIRST AIDE CERTIFICATES FROM CG#2 ON 3/2/17. I HAVE PLACED THEM IN MY CTA BINDER.

I HAVE PLACED CPR & FIRST AID EXPIRATION DATES FOR ALL CAREGIVER'S ON MY CELLPHONE CALENDER WITH REMINDERS SET FOR ONE MONTH AHEAD OF EXPIRATION DATE.

SIGN/DATE: ^{Maryjo} MARIJOC GARCIA
3-6-17