

Foster Family Home - Corrective Action Report

Provider ID: 1-634651

Home Name: Meloni Trias, CNA

Review ID: 1-634651-6

96-137 B Waiawa Road

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 4/19/2017

End Date: 6/16/17

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 4/19/17. Corrective Action Report issued during home visit with all items due to CTA by 5/19/17.

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

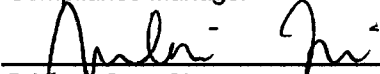
Foster Family Home Personnel and Staffing [17-1454-41]

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

Comment:

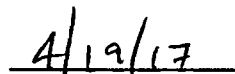
41.(b)(8) - No current Blood Borne Pathogen certification for CG #1 and CG #2(expired 4/7/17).

Compliance Manager



Primary Care Giver

Date



Date

Foster Family Home- Corrective Action Plan

41.(b)(8)- I obtained current blood borne pathogen certification for CG#1 and CG#2 and placed it in my CTA binder. I also sent it to CTA.

I have placed all items with expiration dates (TB, CPR, APS/CAN) on my computer calendar. I will review it monthly.

Meloni Trias

Meloni Trias

date

5/1/17