

# Foster Family Home - Corrective Action Report

Provider ID: 4-160064

Home Name: Preciosa Rojas, CNA

Review ID: 4-160064-2

547 Kaulana St.

Reviewer: Sue Lo

Kahului HI 96732

Begin Date: 7/29/2017

End Date: 8/1/2017

## 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 7/29/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 8/29/2017


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/First Aid training due on/before 3/24/2017 and was done on 7/1/2017 for CG#3.

  
\_\_\_\_\_  
Compliance Manager

7/29/2017  
Date

  
\_\_\_\_\_  
Primary Care Giver

07-29-17  
Date

# written plan of correction

7-30-17

41.(b)(8) CG#3 ⇒ will not lapse on CPR/First Aid training any more.

## \* Prevention plan:

The home has a list of requirements such as; CPR/First Aid and other requirements with notations reminding the home to renew to <sup>before due</sup> date.

Preciosa Rojas  
547 Kaulana St.  
Kahului HI 96732