

Foster Family Home - Corrective Action Report

Provider ID: 5-160019

Home Name: Annette Rivera, CNA

Review ID: 5-160019-2

5188 Apelila ST.

Reviewer: David Ayling

Kapaa

HI 96746

Begin Date: 8/24/2017

End Date: 8/25/17

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 6/14/17. PCG requests to increase to a 3 client CCFFH. Corrective Action Report issued during home visit with all items due to CTA by 7/14/17.

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

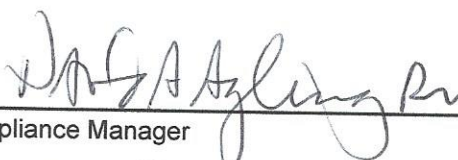
CAP completed on 6/21/17.

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:

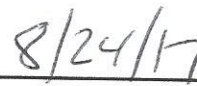
41.(b)(8) - No current Blood Borne Pathogen certification for CG #3(expired on 6/5/17).



Compliance Manager



Primary Care Giver



Date

8-24-17

Date

41. (b)(8)

I received a copy of CG # 3's
Blood Borne Pathogen Certificate and
placed in my CTA Binder.

I have placed the expiration dates
of the Blood Borne Pathogen for
all CG's on a list and placed
in the front of my CTA Binder.
I will look at it frequently.

Alfueria
Anette Rivera 8-25-17