

Foster Family Home - Corrective Action Report

Provider ID: 1-140067

Home Name: Ellen Grace Ruiz, NA

94-465 B Piilimai Street,

Waipahu

HI 96797

Review ID: 1-140067-4

Reviewer: Sue Lo

Begin Date: 8/29/2017

End Date: 8/31/2017

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

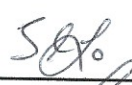
Home visit made for a 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/29/2017

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

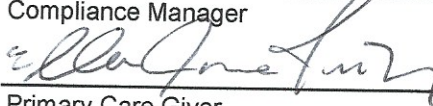
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) CG#2 and CG#3 CPR, First Aid, and Blood Borne Pathogen (BBP) all expired on 7/1/16 and no current CPR, First Aid, and BBP for CG#2 and CG#3.



Compliance Manager



Primary Care Giver

8/29/2017
Date

8/29/17
Date

Written plan corrective.

8/29/17

41.(b)(8) CG#2 and CG#3 completed, CPR, First Aid, and Blood^{born} Pathogen on 8/25/17

prevention plan; the home is using a calendar to remind CG#1 to tell CG#2 and CG#3 to complete one month before due date for CPR, First Aid, Blood born pathogen

X Ellen J. J. J.

94-445 Piliwai St.

Waipahu, HI 96797