

Foster Family Home - Corrective Action Report

Provider ID: 1-120041

Home Name: Glay-Ann Molina, CNA

Review ID: 1-120041-5

99-123 Ohiakea Street

Reviewer: Carrie Wakai

Aiea HI 96701

Begin Date: 7/18/2017

End Date: 8/15/2017

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 for a 3 person change to 2 person CCFFH certification survey. Corrective action report issued during visit with a corrective action plan due to CTA by 8/18/18.

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 training present on CG#3 and CG#4. Last training expired 6/30/2017.

Carrie Wakai
Compliance Manager

7-18-17
Date

Glayann Molina
Primary Care Giver

07/18/17
Date

Written Plan of Correction

7/18/17

41.(b)(8)

CG #3 and CG #4 completed the blood borne pathogen training on 7/29/17. The cards was filed in the provider's folder.

To prevent this from happening again I need to set a reminder on my phone calendar at least a month before they expire.

Glayann Molina

GLAYANN MOLINA

99-123 Ohiakea St

Aiea, Hawaii 96701