

Foster Family Home - Corrective Action Report

Provider ID: 1-160056

Home Name: Grace Fermin, CNA

1730 Kilohi St

Honolulu

HI 96819

Review ID: 1-160056-2

Reviewer: David Ayling

Begin Date: 8/25/2017

End Date: 9/1/17

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 8/25/17. Corrective Action Report issued during home visit with all items due to CTA by 9/25/17.

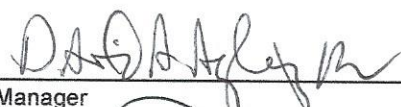
6.(d)(1) - see applicable sections of the review

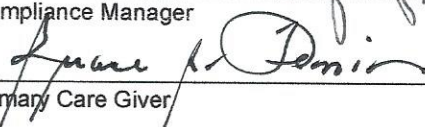
Foster Family Home Personnel and Staffing [17-1454-41]

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 #2. Expired on 8/11/17.


Compliance Manager


Primary Care Giver


Date

8-25-17
Date

41. (b) (8) – I've obtain a current Blood Borne Pathogen certificate for my CG #2 and placed it in my CTA binder.

I have placed all items with expiration dates (CPR, TB, APS, CAN) on my computer calendar for all caregiver's, and set a reminder for one month prior to expiration.

Sincerely,
Grace G Fermin
August 31, 2017