

Foster Family Home - Corrective Action Report

Provider ID: 4-110055

Home Name: Jasmine Rivera, CNA

489 Kopaa Place

Wailuku HI 96793

Review ID: 4-110055-6

Reviewer: David Ayling

Begin Date: 8/31/2017

End Date: 9/15/17

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 8/31/17. Corrective Action Report issued during home visit with all items due to CTA by 9/30/17.

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

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

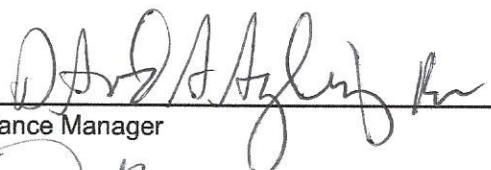
41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and


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

Comment:

41.(b)(7) - No current TB clearance for CG #1 .Expired 8/26/16.

41.(b)(8) - No current Blood Borne Pathogen certification for CG #1. Expired on 8/22/17.


Compliance Manager


Primary Care Giver

8/31/17
Date

8/31/17
Date

41.(b)(7),(8) - I have gotten a current TB Clearance and blood borne pathogens certificate and placed it in my binder.

I have made a list of all items (TB, CPR, APS/CAN) with the expiration dates for all SCG's and placed it in the front of my CTA binder. I will review it monthly.

Jasmine Rivera
Jasmine Rivera
Sept. 12, 2017