

Foster Family Home - Corrective Action Report

Provider ID: 1-130055

Home Name: Manilyn Nagtalon, CNA

Review ID: 1-130055-4

91-1002 Fort Weaver Road

Reviewer: Sue Lo

Ewa Beach HI 96706

Begin Date: 8/3/2017

End Date: 8/9/2017

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 on 8/3/2017 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/3/2017.


6 (d)(1) see applicable sections of this 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) Lapsed on First Aid due on/before 6/7/2017 - was done on 6/13/2017 for CG#2.



Compliance Manager



Primary Care Giver



Date

8/3/17

Date

Written Plan of Correction

8/4/2017 - 41. (b)(8) CG #2 will not lapse in
FIRST AID IN THE future again.

Prevention Plan: Will write in a calendar
1 month before due date
for all requirements such as:
CPR, FIRST, Blood borne, etc...

Marilyn Naylor
91-1002 FORT WEAVER RD.
EWA BEACH HI, 96706