

Foster Family Home - Corrective Action Report

Provider ID: 4-140066

Home Name: Rosalie Alcon, CNA

161 West Papa Avenue

Kahului

HI 96732

Review ID: 4-140066-3

Reviewer: Sue Lo

Begin Date: 6/28/2017

End Date:

7/8/2017

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 6/28/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 7/28/2017

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.

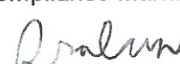
Comment:

41.(b)(8) Lapsed on CPR and First Aid training due on/before 8/6/2016 - was done on 8/10/2016 for CG#2.



Compliance Manager

6/28/2017
Date



Primary Care Giver

6-28-2017
Date

Written Plan of Corrections

July 1, 2017

41. (b) (8) CG #2 will not lapsed in CPR and first Aid training in the future.

The Plan to Prevent: I will make a reminder list of all requirements for the home before due date to renew the requirements such as CPR, first Aid and etc.

Isalun

161 West Papa ave. Kahului

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