

Foster Family Home - Corrective Action Report

Provider ID: 4-000003

Home Name: Marites Quedding, NA

Review ID: 4-000003-2

286 South Puunene Avenue

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 8/28/2017

End Date: 9/8/17

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 8/28/17. PCG currently has no patients. Corrective Action Report issued during home visit with all items due to CTA by 9/28/17.

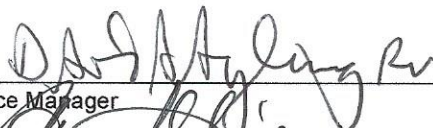
6.(d)(1) - see applicable sections of the review

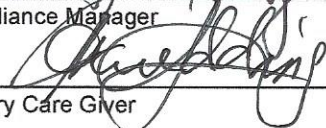
Foster Family Home Personnel and Staffing [17-1454-41]

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) - CPR and First Aid done online, not in a classroom setting for CG's #2, #3, and #5.


Compliance Manager

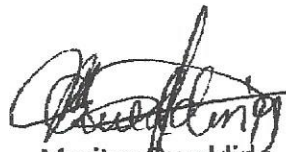

Primary Care Giver

8/28/17
Date

8/28/17
Date

41. (b)(8)- I obtained a current CPR and First Aid certification from CG #2, CG #3, and CG #5 that was done at a classroom setting (not on the internet) . I placed the certificates in my CTA binder.

I will always have my CPR & First Aid done in a classroom for all CG's in the future.

 9/05/17
Marites Quedding
Primary Care Giver