

Foster Family Home - Corrective Action Report

Provider ID: 1-567141

Home Name: Angelina Lopez, RN

Review ID: 1-567141-5

95-253 Hakupokano Loop

Reviewer: Angelica Galindo

Mililani HI 96789

Begin Date: 10/23/2018

End Date: 11/01/18

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 10/23/18. Corrective Action Report issued during home visit with all items due to CTA by 11/23/18.

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 lapsed for CG#1 and CG#2: both due on/before 4/04/2017, both done on 5/05/2017.

Angelica Galindo, RN
Compliance Manager
Angelina Lopez
Primary Care Giver

10/23/18
Date
11/23/18
Date

