

# Foster Family Home - Corrective Action Report

Provider ID: 1-100081

Home Name: Elena Sarte, CNA

94-131 Awaia Street

Waipahu HI 96797

Review ID: 1-100081-3

Reviewer: Sue Lo

Begin Date: 5/24/2017

End Date:

5/25/2017

## 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 5/24/2017 for a 2-bed recertification requested to change to 3-client home. Corrective action report issued during home visit with corrective action plan due to CTA on 6/24/2017.

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) CG#1 and CG#2 lapsed on CPR and First Aid Training due on/before 2/20/2016 - was done on 3/28/2016. CG#1 and CG#2 lapsed on Blood Borne Pathogen (BBP) training due on/before 5/22/16 - was done on 6/13/2016. CG#4 lapsed on BBP due on/before 7/14/2016 - was done on 7/15/2016.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

5/24/17

# Written plan of correction

5/25/17

41 (b)(8)

CG #1 and #2 will not lapse on CPR and First Aid Training again in the future

CG #1, CG #2, and CG #4 will not lapse on Blood borne Pathogen anymore. From

now on I use the calendar to remind me to renew all requirement two weeks before expiration date.

*Jan*  
ELENA SARTI  
94-131 Awaia St  
Waipahu HI 96791