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### Foster Family Home - Corrective Action Report

Provider ID: 1-090054

Home Name: Florante Solis, CNA

94-227 Loaa Street

Waipahu

HI 96797

Review ID: 1-090054-4

Reviewer: Sue Lo

Begin Date: 3/9/2017

End Date: 3/14/2017

#### 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 3/9/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 4/9/2017.

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) Current First Aid training not present in the home for CG#3.

Compliance Manager



Primary Care Giver

Date

3.9.17

Date

10/01 2008 22:55

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WRITTEN PLAN OF CORRECTION

DATE: 3.13.2017

41.(b)(8) CG #3 COMPLETED FIRST AID TRAINING ON JANUARY 20, 2017. TO PREVENT THIS FROM HAPPENING AGAIN. I LEARNED THAT HEALTH CARE PROVIDER DOES NOT INCLUDE FIRST AID AND AED IS NOT FIRST AID. THEREFORE I WILL CONTINUE TO RENEW FIRST AID FOR CG #3

DATE: 3.13.2017

*Sherali Aali*  
94-227 LOAA ST  
WAIPAHU HI.