

Foster Family Home - Corrective Action Report

Provider ID: 1-518730	Review ID: 1-518730-5	
Home Name: Gina Oen-Mitchell, NA	Reviewer: Sue Lo	
91-959 Mailani Street	Begin Date: 5/11/2017	End Date: 5/12/2017
Ewa Beach HI 96706		

Foster Family Home	Required Certificate	[17-1454-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6 (d)(1) Home visit made on 5/11/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/11/2017.

6 (d)(1) see applicable sections of this review.

Foster Family Home	Personnel and Staffing	[17-1454-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.


41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

41.(b)(7) Lapsed on TB Clearance due on/before 8/16/16 - was done on 9/14/16 for CG#4.

41.(b)(8) Lapsed on Blood Borne Pathogen (BBP) due on/before 1/7/2017 - was done on 1/29/2017 for CG#2.

41.(f) Lapsed on TB clearance due on/before 1/2/2016 - was done on 2/22/2017 for HHM#1.

Compliance Manager	Date
	5/11/17
Primary Care Giver	Date

WRITTEN PLAN OF CORRECTION

May 12, 2017

41. (b)(7) and 41. (f) - CG#4 and HHM#1 will not lapse in TB clearance anymore in the future.
41. (b)(8) CG#2 will not lapse her Bloodborne Pathogen in the future again.

Prevention Plan:

I will revise my requirement list to renew TB clearance and Bloodborne Pathogens one month before due date to prevent from happening again in the future.

Jim Deilli:

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EWA BEACH, HI 96706