

# Foster Family Home - Corrective Action Report

Provider ID: 1-508955

Home Name: Eilyn Belizon, CNA

Review ID: 1-508955-5

91-835 Kehue Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 3/8/2018

End Date: 4/8/18

## 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 3/8/18. Currently has no patients. Corrective Action Report issued during home visit with all items due to CTA by 4/8/18.

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) - No current Blood Borne Pathogen for CG #1, CG #2, CG #3, and CG #4 (expired on 5/30/17).

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

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

3/8/18  
Date

3/8/18  
Date

