

Foster Family Home - Corrective Action Report

Provider ID: 1-577702

Home Name: Ofelia Mendez, CNA

94-070 Poailani Circle

Waipahu

HI 96797

Review ID: 1-577702-4

Reviewer: Sue Lo

Begin Date: 5/12/2017

End Date:

5/15/17

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 5/12/2017 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/12/2017.

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

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) Lapsed on Adult Protective Services and Child Abuse Neglect checks (APS/CAN) due on/before 2/14/2016 - was done on 4/11/2016 for CG#4 and lapsed on APS/CAN due on/before 3/5/2016 -was done on 9/21/2016 for CG#7.

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) Lapsed on CPR and First Aid training due on/before 11/1/2016 - was done on 11/7/2016 for CG#4.

Compliance Manager

Ofelia Mendez

Primary Care Giver

Date

5-12-2017

Date

written Plan correction

5-13-2017

7.1.(a)(2) - C #4 #7 will not lapse
in APS CAN again in the future

4.1.(b)(8) - C #4 will not lapse in
CPR training / First aid training
again in the future

To prevent this from happening in
the future again, the home
will use a reminder calendar
to update all requirements
such as APS/CAN CPR/First aid,
etc. so lapse will not
happen any more in the future

Ofelia Mendy
94 076 Poai Lani Cr.
Waipahu HI 96797