

Foster Family Home - Corrective Action Report

Provider ID: 1-560301

Home Name: Remedios Manuel, CNA

Review ID: 1-560301-5

94-450 Hamau Street

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 5/15/2017

End Date: 5/16/2017

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 5/15/2017 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/15/2017.

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

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

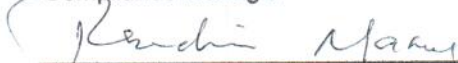
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) Lapsed on TB clearance due on/before 8/27/15 - was done on 9/17/16 for CG#3.

41.(b)(8) Blood borne pathogen (BBP) due on/before 1/5/17 - was done on 1/10/17 for CG#1 and CG#6. Lapsed on BBP due on/before 1/14/16 - was done on 1/10/17 for CG#3.

Compliance Manager



Primary Care Giver

Date

5/15/17

Date

Written Plan of Correction

5/16/17

41(b)(7) CG # 3 - will not lapse in TB clearance next time when she renews it.

41(b)(8) CG # 14 # 6 - will not lapse in Blood borne pathogen any more in the future.

Prevention Plan

To prevent from lapsing in the future again, the home will use a calendar for reminder to update all requirements such as TB clearance & Blood borne Pathogen, two weeks before they expire.

Rinchi Maunaf
94-450 Haman St.
Waukegan, HI-96797