

Foster Family Home - Corrective Action Report

Provider ID: 1-585771

Home Name: Gerlie Miguel, CNA

Review ID: 1-585771-6

94-691 Kime Street

Reviewer: Angelica Galindo

Waipahu

HI 96797

Begin Date: 5/15/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 5/15/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/05/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Personnel and Staffing

[11-800-41]

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

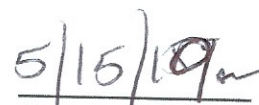
Comment:

41.(b)(8) - CPR/basic first aid training for CG#1 lapsed: was due on/before 3/08/2019, done on 5/09/2019.

41.(c) - CG#3: No proof of 4 out of 8 hours in-service for 2018.


Compliance Manager


Primary Care Giver


Date

5/15/2019
Date

