

Foster Family Home - Corrective Action Report

Provider ID: 1-140047

Home Name: Marilou E. Guieb, NA

Review ID: 1-140047-5

215 Thomas Street

Reviewer: Angelica Galindo

Wahiawa HI 96786

Begin Date: 5/31/2019

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 5/31/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/10/19.

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.

Comment:

41.(b)(8) - Blood borne pathogen training for CG#2 lapsed: was due on/before 3/28/2019, done on 5/03/2019.

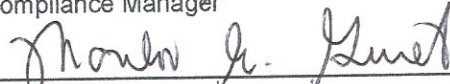
Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) - Medication discrepancy for Client #2: one medication on medication administration record did not match label on prescription bottle.


Compliance Manager


Primary Care Giver

5/31/19
Date

5/31/19
Date

