Foster Family Home - Corrective Action Report

Provider ID: 1-170038

Home Name: Glenda Mercado, CNA
94-882 Lumiholoi Street
Waipahu HI 96797

Review ID: 1-170038-5
Reviewer: David Ayling
Begin Date: 5/21/2019

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 5/21/19. PCG requests to increase to a 3 client CCFFH. Corrective Action Report issued during home inspection with all items due to CTA by 6/21/19.
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) - No current First Aid certification for CG #3.

D A D A Ayling RN
Compliance Manager

5/21/19
Date

Glenda M Mercado
Primary Care Giver

5/21/19
Date

5/22/2019 8:21 AM

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Glenda Mercado
CCFFH Address: 94-882 Lumiholoi St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
416)(8)	I received a current first Aid certificate from CG #7 and placed in my CCFFH binder.	6/18/19	I filled out my calendar w/ the expiration dates for CPR + First Aid for all my 5 CG's. I will review calendar every month.

Primary Caregiver's Signature: Glenda P. Mercado

Print Name: Glenda P. Mercado Date of Signature: 6/18/2019