

# Foster Family Home - Corrective Action Report

Provider ID: 1-100049  
Home Name: Mario Patricio, CNA  
39-634 Hulumanu Street  
Aiea HI 96701  
Review ID: 1-100049-3  
Reviewer:  
Begin Date: 3/23/2015  
End Date: 4/23/15

**Foster Family Home Required Certificate [17-1454-6]**

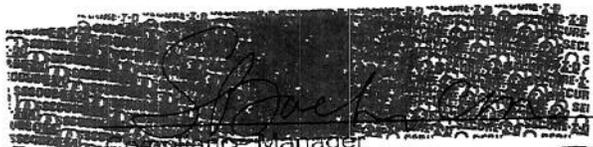
3.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:  
6.(d)(1) Review for recertification. Deficiency recorded in separate section. CAP written with all items due by 4/23/15. All items submitted 3/23/15.

**3 Person Staffing 3 Person Staffing Requirements [17-1454-41] (3P)**

41.(3P)(a)(5) Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months. CTA will begin checking for this criteria July 2012 with full compliance required by July 2013.

Comment:  
41.(3P)(a)(5)  
CG3: No CEUs in file.

  
Compliance Manager  
MARIO PATRICIO  
Primary Care Giver

3/27/15  
Date  
03/27/15  
Date



# PCG WRITTEN RESPONSE TO CORRECTIVE ACTION PLAN DEFICIENCIES

( INCLUDE DEFICIENCY NUMBER )

PCG NAME: *MARIO Patricia*

DATE: *3/23/15*

DEFICIENCY: *41-C - CG #3*

How did you correct this deficiency?

*In-service has to be specifically detailed, the time and how many hours per. in service. It should be name sign and contact information of the person or supervisor providing the in-service.*

How will you avoid committing this deficiency in the future?

*Keep up dating and write down in the calendar for future reference.*

DEFICIENCY:

How did you correct this deficiency?

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