

# Foster Family Home - Corrective Action Report

Provider ID: 1-150075

Home Name: Minda Pascual-Arnold, CNA

Review ID: 1-150075-1

94-067 Keahilele St.

Reviewer:

Mililani HI 96789

Begin Date: 12/15/2015

End Date: 1/5/16

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

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

Comment:

Home visit on 12/15/15 for initial review of 2 bed home. A corrective action report was issued at time of visit. All requirements needed by 1/15/15.

6.(d)(1) Refer to appropriate sections of this review for deficiencies.

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

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) [REDACTED]

**Foster Family Home Physical Environment [17-1454-48]**

48.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

48.(b)(1) Have a bedside curtain or screen to ensure privacy when a room is shared by the client and another person;

Comment:

48.(a)(2) Grab bars have not been installed

48.(b)(1) Curtain or screen is not present

[REDACTED]  
Compliance Manager

*Minda Pascual-Arnold*  
Primary Care Giver

12/15/15  
Date

12-15-15  
Date

Minda Pascual-Arnold  
94-067 Keahilele Street  
Mililani, Hawaii 96789

Dear

I submitted for the following:

- 1) [REDACTED]  
In the future will make sure the corrective action is to update before expiration date.
- 2) 48.(A2) Grab Bar – I sent CTA a photo of the standing shower and toilet seat Grab Bar for client’s prevention use in the bathroom.
- 3) 48.(B1) Divider/Screen – I sent CTA a photo of the room divider wall screen as a privacy between two clients.

Please call if you have any question.

Sincerely,



Minda Pascual-Arnold

*I viewed all the required documents.  
M: P-A. says he will make a calendar  
notation of expiration dates.*

