

# Foster Family Home - Corrective Action Report

Provider ID: 1-562969

Home Name: Trina Abrigo, CNA

Review ID: 1-562969-5

94-1128 Kahuahale St.

Reviewer:

Waipahu HI 96797

Begin Date: 9/16/2016

End Date: 9/19/2016

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

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

Comment:

6 (d)(1) Home visit made on 9/16/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/16/2016.

6 (d)(1) see applicable sections of this review.

## 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) CG#3 CPR and blood borne pathogen expired on 3/1/16 but renewed 3/4/16 with about 3 days lapse.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

9/16/16

## Written Plan of Correction

09/17/16

41.(B)(8) CG# 3 CPR & Bloodborne Pathogens  
will not lapse in the future again  
because the home now uses the iPhone  
& computer to keep track of all requirements  
before expiring to prevent this from  
happening again.

09/17/16

Ernie  
94-1128 Kahua Hale 89  
Waipahu HI 96797