

# Foster Family Home - Corrective Action Report

Provider ID: 1-512394

Home Name: Gloria Cabanero, CNA

Review ID: 1-512394-4

94-513 Alapine Street

Reviewer:

Waipahu HI 96797

Begin Date: 12/15/2016

End Date: 12/27/2016

## 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 12/15/16 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/15/2017

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

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(4) CG#2 and #3 Disclosure Form not present in the home.

41.(b)(8) CG#1 and #2 lapsed in Blood Borne Pathogen (BBP) due on/before 2/9/2016 done on 3/27/16.

Compliance Manager

*Gloria Cabanero*

Primary Care Giver

Date

*12/15/16*

Date

# Written Plan of Correction

Dec. 23, 2014

41 (C)(A) Disclosure form completed by CG # 2 on Dec. 23, 2014 and CG # 3 completed on Dec. 20, 2014; disclosure form kept in binder at all times.

41 (C)(B) (C) CG # 1 and CG # 2 will avoid lapsing Blood Borne Pathogen in the future. The home reminder list is revised to do all requirement before due date.

Dec. 23, 2016

Gloria Cabanero  
94-513 Alapine St. 97679