

# Foster Family Home - Corrective Action Report

Provider ID: 1-160081

Home Name: Maryvin Ancheta, CNA

Review ID: 1-160081-1

98-027 Lokowai st.

Reviewer:

Aiea HI 96701

Begin Date: 11/21/2016

End Date: 12/21/2016

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

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

Comment:

New home visit made for a 2-bed CCFFH certification on 11/21/2016. Corrective action report issued during New home visit with corrective action plan due to CTA on 12/21/2016.

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#2 does not have current blood-borne pathogen training in binder.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

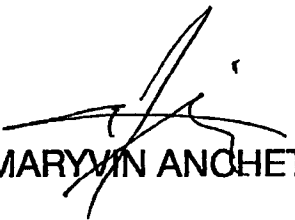
11-21-16

# WRITTEN PLAN OF CORRECTION

December 21, 2016

41.(b)(8) CG#2 does not have current blood-borne pathogen training in binder.

41.(b)(8) PCG was able to get copy of CG#2's Blood-borne Pathogen training certificate which was done 09/01/2016 and filed in the binder. The home will use the cellphone's calendar notification for renewal before expiration date, and post-its to know what documents are missing so this will not happen again in the future.



MARYVIN ANCHETA

98-073 Lokowai St.  
Aiea Hawaii 96701

December 21, 2016