## Foster Family Home - Corrective Action Report

Provider ID:

1-615544

Home Name:

Araceli Danao, CNA

Review ID:

1-615544-7

1430 Haloa Drive

Reviewer: Begin Date:

Sue Lo 1/5/2018

Honolulu

HI 96818

End Date:

1/8/2018

**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 for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 2/05/2018

**Foster Family Home** 

**Background Checks** 

[17-1454-7.1]

7.1.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) Lapsed on eCrim due on/before on 1/20/2017 was done on 1/04/18 for CG#1.

**Foster Family Home** 

Personnel and Staffing

[17-1454-41]

41.(b)(7)

Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8)

Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) Lapsed on TB Clearance due on/before 2/6/17 was done on 12/8/17 for CG#1.

41.(b)(8) Lapsed on CPR/First Aid due on/before 1/18/17 was done on 2/2/17 and lapsed on Blood Born Pathogen due on/before 1/18/16 was done on 2/1/17 for CG#3.

Compliance Manage

Primary Care Giver

Date 01-05-18

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: ARACE II DANAO CCFFH Address: 1430 HALOA DKIVE HONOLULY, HAWAYI 96818

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy	
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Primary Caregiver's Signature:		XUAGO	
Print Name: AKACBLI	DANAO	Date of Signature:	01-05-18