

Foster Family Home - Corrective Action Report

Provider ID: 2-160093

Home Name: Marites Cabaccang, CNA

Review ID: 2-160093-2

15-1505 28th AVE Poha St.

Reviewer: Carol Copeland

Keaau HI 96749

Begin Date: 11/15/2017

End Date: ²⁰¹⁷ ~~12-20-17~~
12-21-17

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

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

Comment:

Home visit survey performed to recertify two client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA by 12/15/17.

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 No CPR or first aide training in home binder for care giver # 4.



Compliance Manager

11-15-17
Date



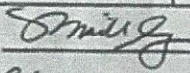
Primary Care Giver

11-15-17
Date

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

CCFFH Name: Marites Cabarrang
CCFFH Address: 15-1505 28th Pali St.
Kaunoi, HI 96749

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
(b)(8)	Caregiver may already had CPR & FIRST AID but it's not in my book.	11/15/17	I'll make sure that i have to mark down on my calendar.

Primary Caregiver's Signature: 

Print Name: Marites Cabarrang Date of Signature: 11/15/2017