

# Foster Family Home - Corrective Action Report

Provider ID: 1-090082

Home Name: Marites Fabro, CNA

91-1030 Kaiakua Street

Ewa Beach

HI 96706

Review ID: 1-090082-5

Reviewer: Carrie Wakai

Begin Date: 11/29/2017

End Date: 01/04/2018

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 was made for a 2 person CCFH recertification survey. A corrective action report was issued during the visit with all required items due to CTA by 12/29/17.

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 documentation of current first aid training present in the Home's folder for CG#2.

Carrie Wakai RN  
Compliance Manager

11/29/17  
Date

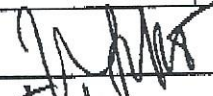
Marites Fabro  
Primary Care Giver

11-29-17  
Date

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

CCFFH Name: Marites Fabro  
 CCFFH Address: 91-1030 Kaiakua St Ewa Beach HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(5)	CB#2 First aid card was obtained and placed into home record.	12-27-17	Home will use a spreadsheet on laptop to identify when requirements are due 2 months before they expire to allow time before it due.

Primary Caregiver's Signature:   
 Print Name: Marites Fabro Date of Signature: 1-4-18

