

# Foster Family Home - Corrective Action Report

Provider ID: 1-516213

Home Name: Anabel Cabebe, CNA

Review ID: 1-516213-6

94-405 Kuahui St.

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 5/3/2018

End Date:

5/9/2018

## 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 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/3/2018.

## 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) Second fingerprinting not present in the home for CG#5.

## 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) Lapse on TB Clearance as follows: due on/before 2/16/17 was done on 2/28/18 for CG#1; due on/before 11/20/15 was done on 1/18/18 for CG#2; and due on/before 3/27/16 was done on 2/20/18 for CG#4. TB Clearance due on/before 7/22/16 no current TB Clearance or renewal present in the home for CG#3.

41.(b)(8) Lapse on CPR and First Aid due on/before 1/7/17 was done on 1/18/17 for CG#1 and CG#5.

  
Compliance Manager

  
Primary Care Giver

5/3/2018  
Date

5-3-2018  
Date

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

CCFFH Name: ANABEL CABERE  
 CCFFH Address: 94-405 KUAHNI ST, Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7-1.(A)(1)	CQ#5 - 2nd Finger Printing Done	5/7/18	Home understand for Background check re-quiring finger printing = 2nd Finger printing put in Home binder at all times
41(b)(7) + 41(b)(8)	Lapse cannot be corrected	5-4-18	↓
41(b)(7)	TB clearance done by CQ #3	5/7/18	= Home understand CPR, 1st Aide, TB clearance = Home has a requirement log to make sure per renew all requirements 2 weeks before due date = Home update log every month + home will place the log on top of my desk

Primary Caregiver's Signature: *Anabel*

Print Name: ANABEL CABERE

Date of Signature: 5/7/18