

# Foster Family Home - Corrective Action Report

Provider ID: 4-170095

Home Name: Mariejoy A. Vilorio

258 Ani Street

Kahului

HI 96732

Review ID: 4-170095-1

Reviewer: David Ayling

Begin Date: 4/27/2018

End Date: 4/29/18

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

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

Comment:

Home visit for a new 2 person CCFFH certification review made on 4/27/18.  
Corrective Action Report issued during home visit with all items due to CTA by 6/1/18.

6.(d)(1) - see applicable sections of the 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) - No current Blood Borne Pathogen certification for CG #1. Expired on 8/12/17.

David A. Ayling  
Compliance Manager

[Signature]  
Primary Care Giver

4/27/18  
Date

4/27/18  
Date

