

# Foster Family Home - Corrective Action Report

Provider ID: 1-150027

Home Name: Anthony Castillo, CNA

Review ID: 1-150027-4

94-339 Waipahu Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 6/14/2018

End Date: 6/30/2018

## 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 to 3 person recertification. A Corrective Action Report was issued during the survey with a Corrective Action Plan due to CTA by 7/14/18.

## Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(5)(C)(i) Have a valid driver's license;

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41(b)(5)(C)(i)-No valid driver's license present for CG#3 in the folder.

41(b)(8)-No current CPR/First Aid training present for CG #3 in the home's folder.

Carrie Wakai  
Compliance Manager


ANTHONY CASTILLO  
Primary Care Giver

6-14-18  
Date

6-14-18  
Date

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

CCFFH Name: ANTHONY CASTILLO  
 CCFFH Address: 94-339 Waipahu St.

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(5) (c)(1)	THE PRIMARY CAREGIVER COMPLETED THE REQUIREMENT FOR CG#3 TO HAVE A GOVERNMENT STATE ID WITH FULL NAME. COPY OF THE ID HAS BEEN PUT INTO HOME BINDER.	6-29-18	PCG WILL DOUBLE CHECK ALL REQUIREMENTS ON A QUARTERLY BASIS IN ORDER TO KEEP TRACK OF EXPIRATION AND TO UPDATE APPROPRIATELY.
41(b)(8)	CPR AND FIRST AID TRAINING WERE DONE BY CG#3 AND COPIES OF THE CARDS WERE PUT INTO HOME BINDER.	6-29-18	<div style="text-align: center;">                       (SAME STRATEGY)                 </div>

Primary Caregiver's Signature: *Anthony Castillo*

Print Name: ANTHONY CASTILLO

Date of Signature: 6-29-18