

Foster Family Home - Corrective Action Report

Provider ID: 4-619299

Home Name: Arceli Remogat, NA

Review ID: 4-619299-6

1130 Nakuluai Street

Reviewer: David Ayling

Wailuku HI 96793

Begin Date: 6/6/2018

End Date: 7/15/18

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 2 person CCFFH recertification review made on 6/7/18. Corrective Action Report issued during home visit with all items due to CTA by 7/7/18.

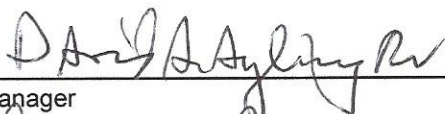
6.(d)(1) - see applicable sections of the review

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

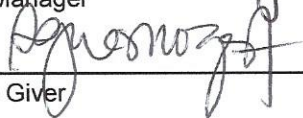
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - CPR and First Aid obtained on the internet for CG #1.


Compliance Manager


Date


Primary Care Giver


Date

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

CCFFH Name: ARCELI G. REMOGAT
 CCFFH Address: 1130 NAKULUAI ST., WAILUKU, HI 96793

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(B)(8)	I obtained a current CPR and First Aid certification from an approved land based school. I placed the certificate in my CTA binder	7/3/2018	I will always use an approved land base CPR / First Aid course for future renewals.

Primary Caregiver's Signature: *Arcegi Remogat*
 Print Name: ARCELI G. REMOGAT Date of Signature: 7/15/2018