

# Foster Family Home - Corrective Action Report

Provider ID: 1-150037

Home Name: Marcela Briones, CNA

Review ID: 1-150037-5

3835 Likini St

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 4/20/2018

End Date:

4/26/18

## 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 3 person CCFFH recertification review made on 4/20/18. Corrective Action Report issued during home visit with all items due to CTA by 5/20/18.

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 CPR and First Aid certification for CG #1, CG #2, and CG #4. CPR and First Aid were done online 3/14/18.

  
Compliance Manager

4/20/18  
Date

  
Primary Care Giver

4/20/18  
Date

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

CCFFH Name: MARCELA BRIONES FOSTER CARE AND SERVICES  
CCFFH Address: 3835 LIKINI STREET HONOLULU, HAWAII 96818

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	I have obtained current CPR and First Aid certifications for CG#1, CG#2, and CG#4 and placed in my CTA binder.	04/26/2018	From now on, I will have all the CG's get their CPR and First Aid certification from a classroom setting.

Primary Caregiver's Signature: *Marcela M. Briones*

Print Name: MARCELA M BRIONES

Date of Signature: APRIL 26, 2018