

# Foster Family Home - Corrective Action Report

Provider ID: 1-130032

Home Name: Carmelita Sabio, CNA

Review ID: 1-130032-5

94-384 Kahuanani Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 6/28/2018

End Date: 8/18/18

## 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 CCFH recertification review made on 6/28/18. Corrective Action Report issued during home visit with all items due to CTA by 7/28/18.

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:

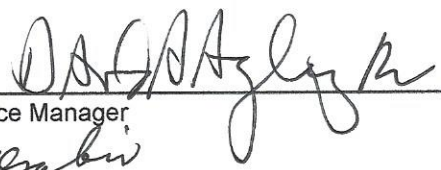
41.(b)(8) - CPR and First Aid expired on 9/10/16 for CG #4. Not renewed until 6/20/17.

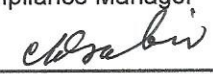
## Foster Family Home Fire Safety [17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) - CG #3 did not lead a fire drill in the last 12 months.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

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

CCFFH Name: CARMELITA SABIO

CCFFH Address: 91-384 KAHUANANI ST. WAIKIKI HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	I showed CTA a current CPR and First Aid certificate on the day of my recertification 6/28/18.	7/28/18	I placed the expiration dates for CPR and First Aid for all caregivers on my iPhone and calendar. I set the reminder for 1 month to expiration.
45.(a)	I had caregiver #3 lead a fire drill on 6/30/18.		I will have all secondary caregivers conduct a fire drill at least once a year.

Primary Caregiver's Signature: *C. Sabio*

Print Name: CARMELITA SABIO Date of Signature: 7/29/18