

# Foster Family Home - Corrective Action Report

Provider ID: 4-150078

Home Name: Christina Kealoha, CNA

Review ID: 4-150078-4

119 Anamuli St.

Reviewer: David Ayling

Kahului

HI 96732

Begin Date: 8/20/2018

End Date: 9/2/18

## 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 8/20/18. Currently has no patients. Corrective Action Report issued during home visit with all items due to CTA by 9/20/18.


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

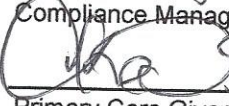
## Foster Family Home Personnel and Staffing [17-1454-41]

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) - CPR and First Aid not obtained from an approved company/school for CG #2 and CG #3.

  
Compliance Manager

  
Primary Care Giver

8/20/18  
Date

8/20/18  
Date

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

CCFFH Name: Christina Kealoha  
 CCFFH Address: 119 Anamuli Street 96732

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.1(b)(8)	I obtained current <sup>Blood borne Pathogen</sup> approved CPR + First aid certifications for CA #24 CA #3 and placed in my CTA Binder.	9-2-18	I will only accept CPR & FA from approved schools for all CG's

Primary Caregiver's Signature: CKealoha

Print Name: Christina Kealoha

Date of Signature: 9.2.2018