

# Foster Family Home - Corrective Action Report

Provider ID: 1-561929

Home Name: Andrea Abad, CNA

94-685 Kalae Street

Waipahu

HI 96797

Review ID: 1-561929-4

Reviewer: Carrie Wakai

Begin Date: 3/8/2017

End Date:

4/17/2017

## 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 3/8/2017. Corrective action report issued with all items due to CTA by 4/8/2017.

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)-CG#1 is missing a current first aid training card.

## Foster Family Home

### Medication and Nutrition

[17-1454-46]

46.(d)(1) By order of a physician;

Comment:

46(d)(1)-No MD orders documented for siderails & seatbelt w/wheelchair on client #1 which is reflected in client's service plan.

Compliance Manager

*Andrea Abad*

Primary Care Giver

Date

*3/8/2017*

Date

April 16, 2017

Written Plan of Correction

41.(b)(8) First aid training completed on March 22, 2017. To prevent this from not happening in the future. I will use a calendar to log on requirement before due date.

46. (d)(1) Client #1 has [REDACTED] and dated 9/8/2014. The home will make sure it is kept in client #1's binder placed for easier to find when needed.

Today's Date: 4/16/2017

Signature: Rivka Anabel B. Abud

Home Address: 94-685 Kaloo St.

Waipahu HI  
96707