

Foster Family Home - Corrective Action Report

Provider ID: 1-180002

Home Name: Kristel Charm Gabur CNA

Review ID: 1-180002-1

94-245 Pupukoa Street

Reviewer: Carrie Wakai

Waipahu

HI 96797

Begin Date: 3/28/2018

End Date: 4/2/2018

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for a new 2 person CCFH certification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 4/11/2018.

Foster Family Home Physical Environment [17-1454-48]

48.(c)(2) The primary or substitute caregiver shall follow infection control procedures and proper procedures for disinfecting equipment and devices used in the care of the client; and

48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

48(c)(2)-No germ-killing solution present to clean and disinfect small and larger surfaces in the home.

48(c)(3)-Food spills present in refrigerator and freezer which can breed bacteria.

Carrie Wakai
Compliance Manager

03/28/2018
Date

[Signature]
Primary Care Giver

03/28/18
Date

