

# Foster Family Home - Corrective Action Report

Provider ID: 1-562472

Home Name: Anita Locquiao, CNA

Review ID: 1-562472-7

4429 Likini Street

Reviewer: Angelica Galindo

Honolulu HI 96818

Begin Date: 5/10/2019

## Foster Family Home Required Certificate [11-800-6]

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

Comment:

Home inspection for a 2 person CCFFH recertification made on 5/10/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/10/19.

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

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

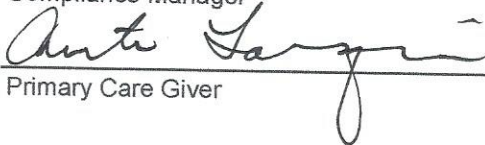
Comment:

41.(b)(7) - No proof of current TB clearance for CG#1 and CG#2, last done 6/15/2017 and 6/12/2017.

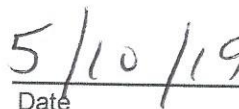
41.(b)(8) - No current blood borne pathogen training for CG#1 and CG#2: both expired 2/09/2019.



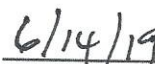
Compliance Manager



Primary Care Giver



Date



Date

