

# Foster Family Home - Corrective Action Report

Provider ID: 1-180002

Home Name: Kristel Charm Gabur, CNA

Review ID: 1-180002-3

94-245 Pupukoa Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 1/29/2020

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

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Corrective Action Report issued during home inspection with all items due to CTA by 2/29/20.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - APS/CAN and fingerprints done on 12/10/19 for CG #2. Expired on 11/29/19.

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

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) - Blood Borne Pathogen certification done on 11/20/19 for all CG's. Expired on 11/2/19.

## Foster Family Home Fire Safety [11-800-46]

46.(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:

46.(a) - CG #3 and CG #4 have not lead a fire drill in the year 2019.

  
Compliance Manager

  
Primary Care Giver

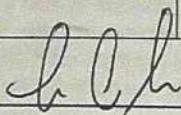
1/29/20  
Date

1/29/20  
Date

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

CCFFH Name: Kristel Charm Gabur Foster Home.  
 CCFFH Address: 94-245 Pupukoaie st. Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(1)(2) 41.(b)(8)	I showed CTA current APS/CAN and fingerprint for CG #2 and current certificate for bloodborne Pathogen for all CG's.	1/29/20	I put the expiration dates for APS/CAN, fingerprint and bloodborne pathogen for all C'Gs on my Iphone calendar
46.(a)	I put the paperwork in CCFFH binder & scheduled CG #3 and CG #4 to lead a fire drill this afternoon.	1/29/20	I set the reminder for 1 month prior to expiration.

Primary Caregiver's Signature: 

Print Name: Kristel Charm Gabur

Date of Signature: 1/29/20