

Foster Family Home - Corrective Action Report

Provider ID: 1-200055

Home Name: Judith A. Gabur, NA

94-341 Kahuahele Street

Waipahu

HI 96797

Review ID: 1-200055-1

Reviewer: David Ayling

Begin Date: 10/30/2020

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 new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 11/30/20.


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) - No current First Aid certification for CG #1 and CG#2.


Compliance Manager

10/30/2020
Date


Primary Care Giver

10/30/20
Date

CTA RN Compliance Manager: DAVID AYLING, RN

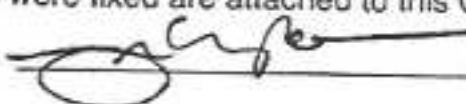
Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: JUDITH GABUR
(PLEASE PRINT)

CCFFH Address: 94-341 Kahua hele St. Waipahu HI 96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
41(b)(8)	I received current First Aid Certificate from CG#1 and CG#2. I placed them in my CCFFH binder.	11/09/20 11/09/20	I will put the expiration date for first aid training on my iPhone calendar for all CG's.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 11/09/20

CTA has reviewed all corrected items

Sent from my iPhone