

# Foster Family Home - Corrective Action Report

Provider ID: 1-210024

Home Name: Vanessa Pascua-Newbell, NA

Review ID: 1-210024-1

94-1001A Lumihoau Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 3/19/2021

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

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

Comment:

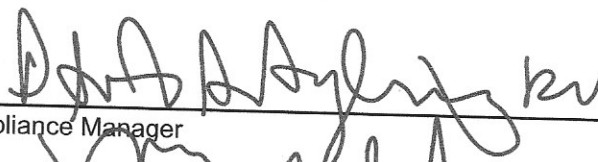
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 4/19/21.

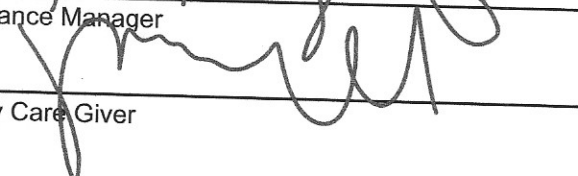
## Foster Family Home Personnel and Staffing [11-800-41]

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 CPR for CG #2 and CG #3.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

3/19/2021  
Date

3/19/21  
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: Vanessa Pascua-Newbell

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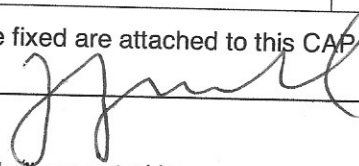
CCFFH Address: 94-1001 A Lumihoahu St., Waipahu, HI 96797

(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 a current CPR certificate from CG #2 and CG #3. I placed the certificates in my ccffh binder.	4/7/2021	I put the expiration date for CPR for all CG's on my cel phone calendar. I set the reminder for 3 weeks prior to expiration.

All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_



Date: 4/7/2021

CTA has reviewed all corrected items