

# Foster Family Home - Corrective Action Report

Provider ID: 1-512063

Home Name: Teresita Gairan, CNA

56-378 Huehu Street

Kahuku HI 96731

Review ID: 1-512063-3

Reviewer: 

Begin Date: 10/9/2015

End Date: 10/10/15

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

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

Comment:

Home visit for a 2 person recertification review made on 10/9/15. Corrective Action Report issued during home visit with all items due to CTA by 11/9/15.

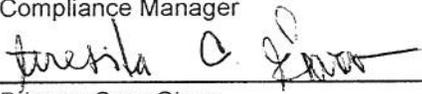
6.(d)(1) - see applicable sections of the review

**Foster Family Home Background Checks [17-1454-7.1]**

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

Comment:

7.1.(a)(2) - First year APS/CAN done on 9/26/13 for CG #1, CG #2, and HHM #1. Second year APS/CAN (2014), not done until 3/12/2015 for all CG's and HHM.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

*RW*  
\_\_\_\_\_

*10/9/15*  
\_\_\_\_\_  
Date

*10/9/15*  
\_\_\_\_\_  
Date

7: 1.9)21 - showed CT4 current APS/Kan  
for IC/#1, CG #2, & Household #1 in  
the day of my recertification 10/9/15.  
- I have received 2 year in a row  
rule and will place expiration  
dates on my calendar for all caregivers  
& Household. -

1-512063

Fresita C. Garcia  
10/10/15