

### Foster Family Home - Corrective Action Report

Provider ID: 2-090055

Home Name: Joane Cariaga, CNA

Review ID: 2-090055-4

38 Ainalako Road

Reviewer:

Hilo HI 96720

Begin Date: 6/4/2015

End Date: 6/28/15

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

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

Comment:

Home visit done on 6/04/15 to survey for recertification. Home not in compliance on day of review. Out of compliance items/ deficiencies include:

41.b.8 No CPR or First Aide for PCG.

PCG to send documentation for all deficiencies to CTA within 30 days of this review.

**Foster Family Home Personnel and Staffing [17-1454-41]**

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) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid. No documentation provided.

Compliance Manager  
*Joane M. Cariaga*  
 Primary Care Giver

6-4-15  
 Date  
6-4-15  
 Date

6/4/2014

My recertification was today on 6/4/2015. I had the following deficiencies; 41. b. 8 NO CPR or First Aid Cards included in my binder.

I did my CPR and first Aid with but my cards were misplaced. I have contacted requesting a copy of my cards. They will be sent to me, and I will be sending it to

In the future I will make sure that when I do receive them, I will put them promptly into my binder.

Jeanne M. Baraga