

# Foster Family Home - Corrective Action Report

Provider ID: 1-090049

Home Name: Jesus Garcia, CNA

Review ID: 1-090049-5

1058 Uluwale Street

Reviewer:

Wahiawa

HI 96786

Begin Date: 3/25/2015

End Date: 3/27/15

**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 3 person recertification review made on 3/25/15.  
Corrective Action Report issued during home visit with all items due to CTA by 4/25/15.

6.(d)(1) - see applicable sections of the 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) - No BBP present for CG #3.

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

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

3/25/15  
\_\_\_\_\_  
Date

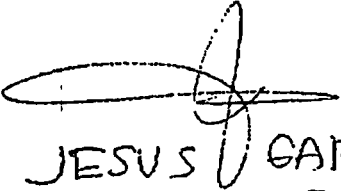
3-25-15  
\_\_\_\_\_  
Date

Date

41.(b)(8) - No BBP present for CG #3.

SENT BBP FOR CG#3 TO CTA ON 3-27-15

I WILL PUT ALL BBP, CPR, and FIRST AID  
EXPIRATION DATE FOR MYSELF AND ALL CGS.  
ON MY CALENDAR.



JESUS GARCIA

3-27-15