

# Foster Family Home - Corrective Action Report

Provider ID: 5-130040

Home Name: Jesusa Sebastian, CNA      Review ID: 5-130040-4  
4306 Aikepa Street      Reviewer:  
Lihue HI 96766      Begin Date: 7/27/2016      End Date:

**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 7/27/16. Corrective Action Report issued during home visit with all items due to CTA by 8/27/16.

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

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

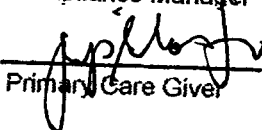
41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - No current TB clearance for CG #3.

41.(b)(8) - No current Blood Borne Pathogen certification for CG #3.

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

\_\_\_\_\_  
Date  
7/27/16  
\_\_\_\_\_  
Date

41. (b) (7) - I sent CTA a current TB clearance  
for CG # 3 on 7/27/16.

41. (b) (8) - I sent CTA a current  
Bloodborne Pathogen Certification for  
CG # 3 on 7/27/16.

I have placed all items with  
expiration dates on my calendar.  
I will review every month.

Jesusa S  
JESUSA SEBASTIAN

7/27/16