

# Foster Family Home - Corrective Action Report

Provider ID: 2-509854

Home Name: Filipina Ganancial-Andres,  
CNA

Review ID: 2-509854-6

11 Pono Street

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 7/19/2018

End Date: 7/30/18

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

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

Comment:

6.(d)(1) Home visit survey performed to recertify three client home. Home not in compliance on day of survey. Corrective action report issued with plan of correction due to CTA by 8/19/19.

## 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 current first aide certification in home binder for care giver #4.

  
Compliance Manager

7-19-18  
Date

  
Primary Care Giver

7-19-18  
Date

