

# Foster Family Home - Corrective Action Report

Provider ID: 1-620791

Home Name: Edelyn Baltazar, CNA

Review ID: 1-620791-3

1036 Pulaa Lane

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 3/6/2017

End Date:

3/20/17

## 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 CCFFH recertification review made on 3/6/17. Corrective Action Report issued during home visit with all items due to CTA by 4/6/17.

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 current First Aid certification for CG #3(expired 2/24/17).

Compliance Manager

*Edelyn Baltazar*

Primary Care Giver

Date

3/6/17

Date

41.(b)(8)-

I received a current first aid certificate for caregiver #3 on 3/7/17. I have placed it in my CTA binder. I will use my IPAD calendar to remind me when all my CTA items are due to expire.

*Edelyn Baltazar* 3/20/17  
Edelyn Baltazar Date