

Foster Family Home - Corrective Action Report

Provider ID: 1-170075

Home Name: Jenina Galicinao

Review ID: 1-170075-1

934 Lemi Street

Reviewer: Carrie Wakai

Wahiawa HI 96786

Begin Date: 12/30/2017

End Date: 1/10/2018

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 made for a new 2 person CCFH certification survey. Corrective action report was issued during the visit with all required items due to CTA by 1/14/2018.

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 CPR/First-aid/Blood borne training present for CG#3.

Carrie Wakai
Compliance Manager

12-30-17
Date

[Signature]
Primary Care Giver

12/30/17
Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name:
 CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.7	CG# 3 took CPR/first-aid/ bloodborne training class, got certification cards.	1/3/2018	make sure all new caregivers has all required training certification classes completed such as CPR first aid and bloodborne training before hire.

Primary Caregiver's Signature: *Jenina Galindo*

Print Name: Jenina Galindo

Date of Signature: 2/3/18