

Foster Family Home - Corrective Action Report

Provider ID: 1-090078

Home Name: Babylyn Inglis, CNA

91-1056 Kauiki Street

Ewa Beach HI 96706

Review ID: 1-090078-2

Reviewer: [REDACTED]

Begin Date: 6/22/2015

End Date: 6/27/15

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 6/22/15.
Corrective Action Report issued during home visit with all items due to CTA by 7/22/15.

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

Comment:

41.(b)(7) - No current TB clearance for CG #1.

[REDACTED]
Compliance Manager

Babylyn D. Inglis
Primary Care Giver

Date

Date

1-090098

1.(b)(7) - No current TB clearance for CG #1.

- ① Sent CTA TB Clearance 6/27/15
- ② I will place all items (TB, CPR, Etc.) with expiration dates on my calendar.

Compliance Manager
Barbara D. Jfi

Primary Care Giver

Date
6/27/15

Date