

# Foster Family Home - Corrective Action Report

Provider ID: 1-562472

Home Name: Anita Locquiao, CNA

4429 Likini Street

Honolulu

HI 96818

Review ID: 1-562472-3

Reviewer:

Begin Date: 5/13/2015

End Date: 8/7/2015

## 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 on 5/13/2015 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/13/2015.

6 (d)(1) see applicable sections of this 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

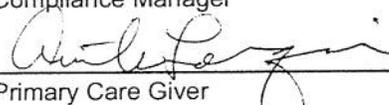
41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(b)(7)The home did not have a current tuberculosis clearance present for CG#2.

41.(e)The home did not have an approval form present for CG#2.

\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

5/13/2015  
Date

5-13-15  
Date

**Anita Locquiao AFC**  
**4429 Likini Street , Honolulu , Hawaii 96818**

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Phone

Mobile

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August 07, 2015

To: CTA

Attn:

, RN

Re: Corrective Action

Foster Family Home Personnel + Staffing

(17-1454-4) For CG#2

41(B)(7) & 41(e) For CG#2

I, Anita Locquiao, PCG, is Removing CG#2 as my SCG. There was no contact with Residents. I will make sure that these will not happen again.

Sincerely,  
*Anita Locquiao*  
Anita Locquiao, PCG