

# Foster Family Home - Corrective Action Report

Provider ID: 1-560905

Home Name: Anita Pinera, CNA

Review ID: 1-560905-6

907 Winant Street

Reviewer:

Honolulu HI 96817

Begin Date: 8/4/2015

End Date: 8/25/15

## 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 2 person recertification review made on 8/4/15. Corrective Action Report issued during home visit with all items due to CTA by 9/4/15.

6.(d)(1) - see applicable sections of the review

## Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) - APS/CAN done 90 days after 1 year due date in year 2014 for CG #1, CG #2, and CG #3.

## 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 #2 and CG #3.

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

*Anita C. Pinera*  
\_\_\_\_\_  
Primary Care Giver

*RN*

\_\_\_\_\_  
Date

*8-4-15*

\_\_\_\_\_  
Date

8-25-15

To:

Enclosed are my papers for Foster Family Home  
Corrective Action Report that needs to renew my license.

- 1) 7. (a)(2) I reviewed expiration dates with CTA for  
APS/can requirements and will place expiration date  
on my calendar and on my CTA binder.
- 2) TB Clearance for my substitute caregivers:  
CG # 2 + CG # 3. I already place all this  
cards in my CTA Binder.  
Thank you very much

Anita Pinera  
PCG