## Foster Family Home - Corrective Action Report

Home Name: A	rlene De Hitta	, CNA	Review ID:	1-140051-2	
94-1166 Hina Stree	et		Reviewer:		1-/10
Waipahu	н	96797	Begin Date:	6/22/2015	End Date: 7/0// (3
Foster Family H	ome Re	quired Certificat	te	[1	17-1454-6]
6.(d)(1)	Comply with a	Il applicable require	ments in this cha	apter; and	
Comment:				22	
Home visit for a 2 person recertification review made on 6/22/15.  Corrective Action Report issued during home visit with a written plan of correction due to CTA by 7/22/15.					
6.(d)(1) - see applicable sections of the review					
Foster Family H	ome Pe	rsonnel and Sta	ffing	[1	17-1454-41]
41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.					
41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and					
Comment:					
41.(b)(5)CG#1 no alternative transportation plan or current automobile insurance 41.(b)(7)CG#2 no T.B for 2014					
Foster Family H	ome In	surance Require	ments	[1	17-1454-49]
49.(a)(1)	General;				
Comment:					
49.(a)(1)CG#3,4, and 5 no liability insurance.					
					a last.
					6/22/15
	Compliance		77		Date 6/22/15
		Broud	hille		- 6/22/15
	Primary C	re Giver			Date

Provider ID:

1-140051

ARLENE DE HITTA – (PCG-Arlene de Hitta Foster Home)
02 July 2015

## PART - I - Corrective action

- 1.0 41.(b)(5)CG#1 Alternate transportation plan.
  My Alternate transportation plan were submitted via fax last June 23, 2015
- 2.0 41.(b)(7)CG#2 TB for 2014 41.(b)(7)CG#2 TB for 2014 were placed in chart
- 3.0 49.(a)(1)CG#3,4 and 5 to Liability insurance.

  I already added 49.(a)(1)CG#3,4, and & 5 in Liability insurance last June 24, 2015

## PART - II - How to prevent from happening again

- 1.0 41.(b)(5)CG#1 Alternate transportation plan. –

  I'll thoroughly check to comply the requirements and update when there are any changes.
- 2.0 41.(b)(7)CG#2 TB for 2014 I'll put in the calendar as a

reminder to avoid missing an appointment in getting TB clearance / PE every year and put it in the chart.

3.0 49.(a)(1)CG#3,4 and 5 to Liability insurance. - When there is new SCG I'll add the name to the liability insurance as soon as possible.

ARLENE DE HITTA – (PCG-Arlene de Hitta Foster Home) 02 July 2015