

# Foster Family Home - Corrective Action Report

Provider ID: 1-100043

Home Name: Concepcion Manog, CNA

Review ID: 1-100043-2

1921 Ulana Place

Reviewer:

Honolulu HI 96819

Begin Date: 3/2/2015

End Date: 3/2/15

## Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)  
Review for recertification, Deficiencies listed in separate sections. CAP written with all items due by 4/2/15.

## 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:

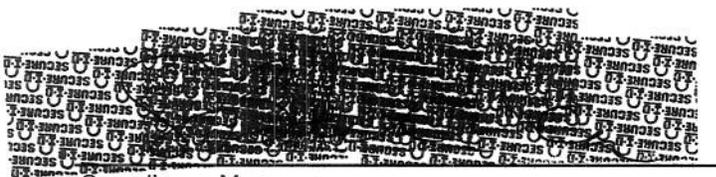
41.(b)(7)  
CG2 and HHM 1 and HHM3: No proof of positive TB test in file.

## Foster Family Home Insurance Requirements [17-1454-49]

49.(a)(2) Automobile; and

Comment:

49.(a)(2)  
PCG and CG2: Need current auto insurance at 100,000 and 30,000.



Compliance Manager

  
Primary Care Giver

3/2/15  
Date

3/2/15  
Date

May 21, 2015



45-955 Kamehameha Avenue, Suite 300  
Kaneohe, HI 96744

Dear

I received your call today, May 21, 2015 regarding the violation that I have made.

Below are my corrective action plans.

Corrective action plan for violation of 17-1454-41:

1. PCG will make sure all the TB clearance is updated and filed in the binder or notebook 3 weeks in advance. Will meet all requirements and will be ready for the on-site reviews.

Corrective action plan for violation of 17-1454-49:

1. PCG will make sure every year will provide or accomplish auto insurance with \$30,000-\$100,000 coverage on file in binder and will be ready for on-site reviews.

Sincerely,

Concepcion Manog (PCG)  
1921 Ulana Place  
Honolulu, HI 96819

