

Foster Family Home - Corrective Action Report

Provider ID: 1-100069

Home Name: Glenna McCabe, CNA

Review ID: 1-100069-3

45-357 Lehuuila Street

Reviewer:

Kaneohe HI 96744

Begin Date: 5/1/2015

End Date: 5/4/15

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 5/1/15.
Corrective Action Report issued during home visit with all items due to CTA by 6/1/15.

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

Foster Family Home Personnel and Staffing [17-1454-41]

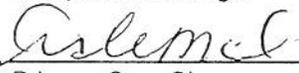
41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) - No current TB clearance for CG #2.



Compliance Manager



Primary Care Giver

5/1/15
Date

5/1/15
Date

41.(b)(7) - Sent CTA Current TB
clearance for CG #2 on May 2, 2015.

I will put a note of Item's
expiration dates on my calendar.

Arum
5/4/15