

# Foster Family Home - Corrective Action Report

Provider ID: 1-140064

Home Name: Grace Tirador, RN

Review ID: 1-140064-2

98-1488 Hoomahie Loop

Reviewer:

Pearl City HI 96782

Begin Date: 8/18/2015

End Date: 8/19/15

## 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 8/18/15. Current has no patients. Corrective Action Report issued during home visit with all items due to CTA by 9/18/15.

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 #1. TB clearance expired on 6/6/14.

Compliance Manager

*Tirador RN*

Primary Care Giver

*Rv*

Date

*8/18/15*

Date

*08/18/2015*

August 19, 2015

41. (b)(7)

- I send CTA my current TB clearance on August 19, 2015. (08/19/2015).
- I will make a list of all items with expiration dates and place in the front of my CTA binder. I will also place items on my computer calendar.

*Tirador*  
GRACE S. TIRADOR BSN RN