

SMU

# Foster Family Home - Corrective Action Report

Provider ID: 1-150060

Home Name: Nobleza Doro, CNA

Review ID: 1-150060-1

257 Thomas St.

Reviewer:

Wahiawa HI 96786

Begin Date: 10/8/2015

End Date: 10/24/2015

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

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

Comment:

6 (d)(1) The NEW Home visit made on 10/8/2015 for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA on 10/22/2015.

6 (d)(1) see applicable sections of this review.

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

41.(b)(2) Have no physical or mental disabilities that would prevent their being able to meet the daily needs of clients on a twenty-four basis;

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(2) CG #2 Disclosure Form not present in the Home

41.(f)(1) HHM #2 TB clearances expired on 6/6/2014 and no current TB clearances in the Home.

*[Redacted signature]*

Compliance Manager

*[Signature]*

Primary Care Giver

RECEIVED

BY: @ mail

10/8/2015  
Date

10/8/15  
Date



# WRITTEN PLAN OF CORRECTION

OCTOBER 20, 2015

41.(b)(2): CIA#2 NOW HAS THE DISCLOSURE FORM COMPLETED AND FILED IN THE HOME BINDER. THIS WILL NOT BE GOING TO HAPPEN AGAIN BECAUSE THE DISCLOSURE FORM FOR CIA#2 WILL ALWAYS REMAIN IN THE HOME BINDER.

41.(f)(1):

RULES - THE HOME RECEIVED A CURRENT 2015 TB CLEARANCE FOR HMM#2 OCTOBER 17, 2015. IT IS ON FILE IN THE HOME PERSONNEL RECORD. ATTACHED IS THE TB CLEARANCE FOR HMM#2.

SIGNED:  10/20/15  
NOBLEZA DORO  
2127 THOMAS ST.  
WASH WA 98078