

Foster Family Home - Corrective Action Report

Provider ID: 1-560905

Home Name: Anita Pinera, CNA

Review ID: 1-560905-7

907 Winant Street

Reviewer:

Honolulu

HI 96817

Begin Date: 11/23/2015

End Date:

12/2/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit review on 11/23/15 for 2 client home changing to 3 client home. A corrective action report was given at time of review and item and CAP required by 12/23/15.

6.(d)(1) See appropriate section.

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)(5)(C)(ii) TB clearance for CG. #1 expired 8/26/15.

Compliance Manager

Primary Care Giver

11/23/15
Date

12/1/15
Date

Enclosed is my papers works for my Correct Action Report. It was done on 11-23-15 for adding a 3rd client.

(b)(1) Resent of my TB Clearance; to CTA and I place it immediately into my binder. In the future, I will make sure that all the requirement document will be up to date for now on and always.

Thank you very much for your attention.

I received TB documentation
PCG will keep track
on calendar to
avoid expiration

Sincerely,
Anita Pinera
PCG

Rn MSN
CTA CM