

Foster Family Home - Corrective Action Report

Provider ID: 1-591265

Home Name: Estela Galera, CNA

Review ID: 1-591265-4

91-1530 Kaikoi Place

Reviewer:

Ewa Beach HI 96706

Begin Date: 11/3/2015

End Date: 11/23/15

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

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

Comment:

Home survey conducted for recertification of CCFH 11/3/15. Corrective Action Report issued with Corrective Action Plan due to CTA by 12/3/15. *All requirements met 11/23/15.*

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)

CG1 and CG2 : No proof of positive TB test or Xray seen in file.

[Redacted Signature]

Compliance Manager

Estela E. Galera

Primary Care Giver

11/23/15
Date

11/23/15
Date

November 23, 2015

In compliance to 41.(b)(7), proofs of positive tuberculin skin test records are secured for CG1 and CG2 from Sanakila Health Center. These records are now filed on caregiver's folder.

Respectfully,
Estela Galera