

Foster Family Home - Corrective Action Report

Provider ID: 2-559726
 Home Name: Ludivina Eder, CNA Review ID: 2-559726-3
 147 W. Kinai Place Reviewer:
 Hilo HI 96720 Begin Date: 10/13/2015 End Date: 11/3/15

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

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

Comment:

Survey performed on 10/13/15 for recertification of three client home. Home not in compliance on day of survey. Deficiencies/out of compliance items will be listed in the appropriate section of this document. Documentation for all deficiencies to be sent to CTA by 11/13/15.

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) Have a current tuberculosis clearance that meets department of health guidelines. Documentation needed for caregiver # 3 and 5.

Compliance Manager

Primary Care Giver

Date

Date

10-13-15
10/13/15

10/13/15

To: Department of Health of CTA.

→ I had missing documents 41.(6)(7) TB for 2 of my caregivers, I overlooked to remind them.

→ To avoid this to happen again, maybe I'll set my alarm as a reminder next time.

Lucilina Eder, PCB

Recd 11/3/15 CC