

Foster Family Home - Corrective Action Report

Provider ID: 2-509838

Home Name: Marylou Inocencio, CNA

Review ID: 2-509838-4

195 Kapualani Street

Reviewer:

Hilo HI 96720

Begin Date: 10/20/2015

End Date:

10/28/15

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

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

Comment:

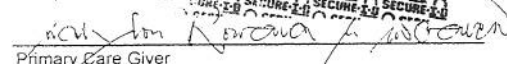
Survey performed on 10/20/15 for recertification of two client home. Home not in compliance on day of survey. Deficiencies will be listed in the appropriate section of this document. Documentation for deficiencies to be sent to CTA by 11/20/15.

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 CG # 1

Compliance Manager

 Primary Care Giver

11-20-15
 Date
 10/20/15
 Date

