

Foster Family Home - Corrective Action Report

Provider ID: 1-140032

Home Name: Mae Ann Chu-Galaycay, NA

94-1169 Hinanaa Street

Waipahu HI 96797

Review ID: 1-140032-2

Reviewer: [Redacted]

Begin Date: 2/17/2015 End Date: 2/24/15

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

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

Comment:

Home visit for a 2 person recertification review made on 2/17/15.
Corrective Action Report Issued during home visit with all items due to CTA by 3/17/15.

6.(d)(1) - see applicable sections of the review

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) - No current TB clearance for CG #6.

[Redacted] (caregiver HC)

I acquired the necessary document that was needed to correct my deficiency which was TB clearance for my substitute caregiver.

How to prevent?

- keep checking my document
- make post-its on the fridge as a reminder

[Signature]
Compliance Manager

[Signature]
Primary Care Giver

2/17/15
Date

2/17/15
Date