

# Foster Family Home - Corrective Action Report

Provider ID: 1-512451

Home Name: Nikk Rumbaoa, CNA

Review ID: 1-512451-3

91-1511 Maipuhi Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 12/7/2015

End Date: 12/15/15

## 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 3 person recertification review made on 12/7/15. Corrective Action Report issued during home visit with all items due to CTA by 1/7/16.

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

## Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) - No current second year APS/CAN for CG #1 (First year APS/CAN done on 6/25/14).

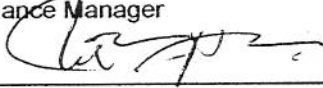
## Foster Family Home Personnel and Staffing [17-1454-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - No current TB clearance for CG #3.

Compliance Manager



Primary Care Giver

Date

12/7/15

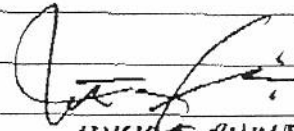
Date

12/7/15

7.1.(a)(2) - SENT CTA A CURRENT  
APS/CAN (2ND YEAR) ON 12/15/15

41.(f)(1) - SENT CTA A CURRENT TB CLEARANCE  
FOR CG# 3 ON 12/15/15

- I HAVE PLACED RENEWAL DATES  
FOR APS/CAN AND TB CLEARANCE  
FOR ALL CAREGIVERS ON MY COMPUTER  
CALENDAR AS WELL AS TO THE FRONT  
COVER OF THE CAREGIVERS FOLDER.  
I WILL REVIEW MONTHLY.

  
NIKITA RUMBAKOV  
12/15/15