

Foster Family Home - Corrective Action Report

Provider ID: 2-628729
 Home Name: Rely Cabuyadao, CNA Review ID: 2-628729-3
 2177 B Awapuhi Street Reviewer
 HI 96720 Begin Date 9/12/2015 End Date 10/5/15

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

6.(d)(1) Comply with all applicable requirements in this chapter, and
 Comment
 Home visit done on 9/12/15 to survey for recertification. Home not in compliance on day of survey.
 All deficiencies/out of compliance items will be listed in the appropriate section of this document
 PCG to send documentation for all deficiencies to CTA within 30 days of this survey

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

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS.
 Comment
 7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS.
 No documentation for PCG, SCG # 1, @ & 3. No documentation for house hold member.

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. No documentation for PCG,
 SCG # 1, 2, & 3

 Compliance Manager

 Primary Care Giver

9-17-15
 Date
9-12-15
 Date
Ked 10-2-15



Sir/Medical:

I am Pelly Kobayadav primary care giver
to clearance
the reason that we did not do x fingerprint

together with my 2 substitute we are
old timer served last 2008 we know

we are exempted for this rules

any way we will renew soon. Hope

for your understanding. Thanks,
Now that I know the rule of TB clearance
fingerprint I will put on to my file.
Very respectfully yours

Pelly Kobayadav

Note:
7.1.a1 - fingerprint for PCG & SCG 1,2,3 household member
4.1.B.7 - TB clearance fee PCG SCG 1 2 3