

Foster Family Home - Corrective Action Report

Provider ID: 2-559172

Home Name: Romeo Satom, CNA

Review ID: 2-559172-5

1257 Kumukoa Street

Reviewer

Hilo HI 96720

Begin Date: 9/1/2015

End Date:

9/1/15

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 9/01/15 to survey for recertification. Home not in compliance on day of survey. Out of compliance items/deficiencies will be listed in the appropriate section of this document. PCG to submit documentation for all deficiencies to CTA within 30 days of this survey.

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. SCG # 1 out of compliance for 19 days. TB current at this time of survey.

Compliance Manager

Primary Care Giver

9-01-15
Date

9-01-15
Date

