

Foster Family Home - Corrective Action Report

Provider ID: 1-562159

Home Name: Betty Vera Cruz, CNA

Review ID: 1-562159-4

3611 Aliamanu Street

Reviewer:

Honolulu HI 96818

Begin Date: 1/18/2016

End Date: 2/3/2016

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

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

Comment:

6 (d)(1) Home visit made on 1/18/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 2/18/2016.

6 (d)(1) see applicable sections of this 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) CG [REDACTED] TB clearance completed by TB Screening on 8/5/2015 with negative CXR results but no proof of positive PPD results.

Primary Care Giver

1/18/2016
Date

1/18/16
Date

Written Plan of Correction

February 2, 2016

41.CB)(7) [REDACTED] TB clearance completed on 1/26/14
for PPD Testing with \ominus result of 0 mm. This will
not happen again because the home now has
a tracking log for all personal requirements
are due to prevent any requirements from
expiring in the future.
Attached is the T.B. clearance for CG [REDACTED]

February 2, 2016

[REDACTED]
3611 Aliamama St.
Honolulu, Hawaii; 96818