

Foster Family Home - Corrective Action Report

Provider ID: 1-150005
 Home Name: Balbina V. Rivera, CNA Review ID: 1-150005-2
 91-1746 Paeko Street Reviewer:
 ewa Beach HI 96706 Begin Date: 11/30/2015 End Date: 12/18/2015

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

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

Comment:

Home survey for recertification of two client CCFFH conducted 11/30/2015. Corrective Action Report issued will Corrective Action Plan due to CTA by 12/30/2015. *Proof seen 12/18/15*

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii)

HHM and CG No proof of positive TB test in file.

Compliance Manager

Primary Care Giver

12/15/15

Date

12/15/15

Date

January 21, 2016

Re: Foster Family Home-Corrective Action Report

**Balbina Rivera, CNA
91-1746 Paeko Street
Ewa Beach, Hawaii 96706
C: (808) 561-0256 H: (808) 200-4084**

41. (b) (5) (c) (ii)

HHM [REDACTED] and CG [REDACTED]: Proof of positive TB test is on file. I will put a note on my calendar to prevent of these things from happening again.

Balbina Rivera