

# Foster Family Home - Corrective Action Report

Provider ID: 1-160007

Home Name: Lani Abara

Review ID: 1-160007-1

91-1032 Hamana St

Reviewer:

Ewa Beach HI 96706

Begin Date: 2/26/2016

End Date: 3/1/16

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

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

Comment: \_\_\_\_\_

Home visit on 2/26/16 for initial review of 2 bed home. A corrective action report was given at time of review. Items due by 3/27/16.

6.(d)(1) Refer to appropriate sections of this review

**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) A form from MD showing absence of symptoms is missing for CG [redacted] A negative chest xray was done in 2008.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

March 1, 2016

\_\_\_\_\_  
Date

FOSTER FAMILY HOME- Plan of Correction

March 01,2016

41. (f) (1) A form from MD showing absence of symptoms is missing for CG [REDACTED]. A negative chest X-ray was done in 2008. The home received a signed form from MD showing absence of TB symptoms for CG [REDACTED] on February 26, 2016. It is on file in the home personnel record. The home will utilize an organized binder as well as a computer program to keep track when personnel requirements are missing to prevent any deficiency re-occurring in the future.

Signed:

03/01/2016

[REDACTED]  
Lani M. Abara  
91-1032 Hamana St  
Ewa Beach, HI 96706