

# Foster Family Home - Corrective Action Report

Provider ID: 1-634403

Home Name: Magda Galvan, NA

Review ID: 1-634403-3

94-1125 Kaaholo Street

Reviewer: \_\_\_\_\_

Waipahu HI 96797

Begin Date: 2/23/2016

End Date: 2/29/16

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

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

Comment:

Recertification visit for 2 client CCFFH home made on 2/23/16. Corrective action report issued during review due by 3/23/16. See applicable sections 6.(d)(1)

## 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) HHM [REDACTED] PPD test completed on 2/10/14 and 6/22/15. To be in compliance PPD test should have been completed by 3/10/15.

## Foster Family Home Insurance Requirements [17-1454-49]

49.(a)(1) General;

Comment:

49.(a)(1) CG [REDACTED] no proof of liability insurance from 11/30/14-1/01/15. Current liability insurance in record

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

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

2/23/16  
\_\_\_\_\_  
Date

2/23/16  
\_\_\_\_\_  
Date

2-23-16

To Whom it may Concern,

This is my corrective action plan for my Foster Home.

41B7 is household [REDACTED] ~~we~~ he ~~has~~ been has current PPD but done late. I will remind him to go to PPD test on time & I will put it on the calendar one month before due. I will check the calendar from now on. Every month.

AAA1 - Caregiver [REDACTED]. Don't have profit liability for one month. We did switch our liability insurance carrier. We have current insurance right now & we will make sure that we will have ~~every~~ every year. up to date. We will put in the calendar to make sure we are not late. We will check the insurance a month before it's due.

[REDACTED]  
Magda Y. Galvan  
PCG.