

Foster Family Home - Corrective Action Report

Provider ID: 1-510976
Home Name: Teresita Pagtama, CNA **Review ID:** 1-510976-3
 94-468 Alapine Street **Reviewer:**
 Waipahu HI 96797 **Begin Date:** 2/10/2016 **End Date:** ~~3/18/16~~ ^{RESERVE} 3/8/16

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 three client CCFFH 2/10/2016.
 Corrective Action Report issued with proof of positive TB testing to be in file by 3/9/2016. Two year certification issued.

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)
 CG ■■■ HHM ■■■ Obtain proof of positive TB test and place in file.

Compliance Manager

T. Pagtama

Primary Care Giver

Date

2/12/2016

Date

41. b5 Cii:

Proof of positive TB card caregiver [REDACTED] and my household is in the file. '

I will keep the positive proof of TB card in my file.

Name: Teresita Pagtame

Address: 94-468 Alapine Street Waipahu HI 96797

Date: Feb 10, 2016

TERESITA PAGTAMA

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