

Foster Family Home - Corrective Action Report

Provider ID: 2-587462

Home Name: Carmen Sanchez, CNA

Review ID: 2-587462-5

45-542 Pikake Street

Reviewer:

Honokaa HI 96727

Begin Date: 2/3/2016

End Date: 2/3/16

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

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

Comment:

Survey performed for recertification. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA [REDACTED]

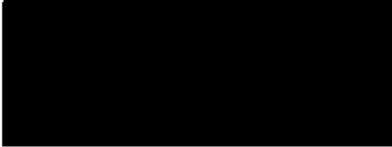
Foster Family Home Personnel and Staffing [17-1454-41]

41 (b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) No TB clearance for CG [REDACTED] in home binder.

February 10, 2016



Subject: 17-1454-41.b.7

Dear

In advertantly, I overlook the expiration date of my TB clearance [REDACTED]
[REDACTED] However, I pleasantly sending my present TB clearance [REDACTED] and thank you for your early
assistant to this matter. From now on I will strictly check the expiration date of my TB clearance and
all other papers that requires renewal *Every month.*

