

# Foster Family Home - Corrective Action Report

Provider ID: 1-513003

Home Name: Cherry Quibol, CNA

Review ID: 1-513003-3

94-1481 Hiapo Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/20/2016

End Date: 7/3/16

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

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

Comment:

6 (d)(1) Home visit [REDACTED] for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA [REDACTED]

6 (d)(1) see applicable 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) HHM [REDACTED] no current TB clearance present in the home.

Written Plan of Corrections

41CF)(1) The HONR received current TB Clearance for house hold member [REDACTED]. The HONR make a Note on the wall black board to remind house hold member to do Annual TB Clearance so this will not happen again in the future.

Attached a TB clearance for house hold [REDACTED]

[REDACTED]