

# Foster Family Home - Corrective Action Report

Provider ID: 1-100098

Home Name: Chieko Riccio, CNA

Review ID: 1-100098-5

34 Hoopiha Place

Reviewer:

Wahiawa

HI 96786

Begin Date: 1/13/2016

End Date:

2/10/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home survey conducted [REDACTED] for recertification of three client home. Corrective Action Report issued with all deficiencies to be corrected [REDACTED]

Foster Family Home

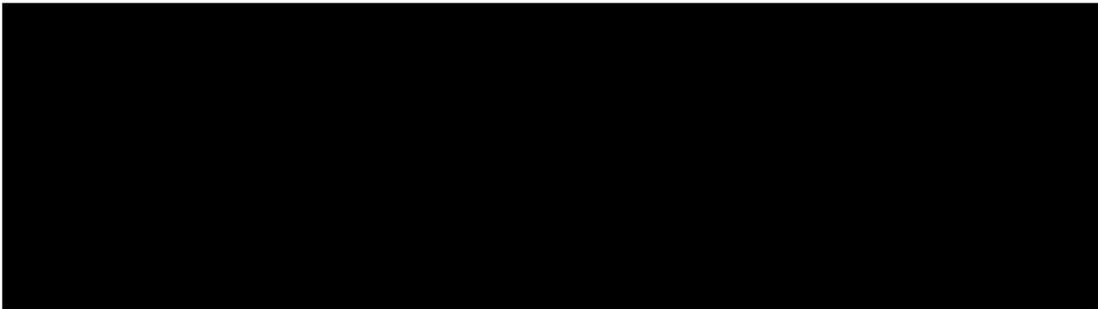
Personnel and Staffing

[17-1454-41]

1.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii)  
CG [REDACTED]: Negative TB results [REDACTED] but has only had screenings since.  
CG [REDACTED]: No proof of positive TB test in file. Screenings only in file.





Corrective Actions

Corrections:

41.(b)(5)(c)(ii)

\* CG [redacted] took TB test again got result [redacted]

\* CG [redacted] submitted [redacted] Record.

How to avoid it in the future:

When I see the [redacted] result i [redacted] I will ask them to submit [redacted] Record (as proof). Also if the TB result is negative, I will ask to get the TB test every year and [redacted] a screening.

