

Foster Family Home - Corrective Action Report

Provider ID: 1-100064

Home Name: Connie Banda, NA

Review ID: 1-100064-4

94-589 Kaiewa Street

Reviewer:

Waipahu

HI 96797

Begin Date: 5/11/2016

End Date: 5/13/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person recertification review [REDACTED] Corrective Action Report issued during home visit with all items due to CTA [REDACTED]

6.(d)(1) - see applicable sections of the review

Foster Family Home

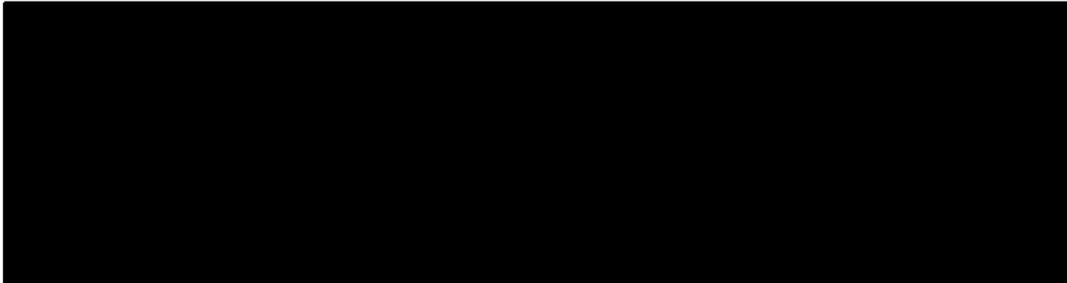
Personnel and Staffing

[17-1454-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - No current TB clearance for CG [REDACTED]



[REDACTED]

[REDACTED]

41. (f)(1) - Sent CTA a current TB Clearance for CG [REDACTED]

I have made a list of expiration dates for all items (CPR, TB, APS/CAN) and placed it in front of my CTA binder for me to review frequently.

[REDACTED]