

Foster Family Home - Corrective Action Report

Provider ID: 1-160016

Home Name: Eden Tumbaga, NA

Review ID: 1-160016-1

94-1169 Hinaea St

Reviewer:

Waipahu HI 96797

Begin Date: 4/5/2016

End Date: 4/9/2016

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

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

Comment:

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

6 (d)(1) see applicable sections of this review.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) CG [REDACTED] eCrim expired [REDACTED] but renewed [REDACTED] with almost one month lapse.

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

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

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

Comment:

41.(b)(7) CG [REDACTED] Completed TB clearance screening [REDACTED] but proof of positive PPD and negative CXR not present in the home.

41.(f)(1) HHM [REDACTED] Completed TB clearance screening [REDACTED] but proof of positive PPD and negative CXR not present in the home.

Written Plan of Correction:

[REDACTED]

7-1.(a)(1) SCG [REDACTED] has a lapse of about 1 month for ECRIM. This will not happen again in the future, because the home has a tracking log before due date.

41.(b)(7) C [REDACTED] Now has proof of positive PPD [REDACTED] and negative CXR [REDACTED].

This will not happen in the future because PPD and Chest X-ray will remain in my binder.

41.(f)(1) HH [REDACTED] Now that has negative PPD result [REDACTED] therefore no chest X-ray required. Negative result [REDACTED] will remain in chart at all time.

[REDACTED]