

Foster Family Home - Corrective Action Report

Provider ID: 1-585771

Home Name: Gerlie Miguel, CNA

94-691 Kime Street

Waipahu

HI 96797

Review ID: 1-585771-4

Reviewer:

Begin Date: 5/20/2016

End Date: 5/26/2016

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) 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.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) CG [REDACTED] TB Screening [REDACTED] with [REDACTED] lapse.

WRITTEN PLAN OF CORRECTION



41 (b) (7) CG [REDACTED] Tb Screening will not lapse in the future. Home will use post it as a reminder for all requirements before due date.

MAY 20, 2016

A handwritten signature in cursive script, appearing to read "Omegal", written in black ink.

94-691 Kime St.
Waipahu, Hawaii 96797