

Foster Family Home - Corrective Action Report

Provider ID: 1-160025

Home Name: Jacqueline Atienza

Review ID: 1-160025-1

91-614 Pohakupuna St.

Reviewer:

Ewa Beach

HI 96706

Begin Date: 4/18/2016

End Date: 5/5/2016

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

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#1 and CG#2 TB clearance not present in the home.

Written Plan of Correction

[REDACTED]

17-1454-41 CareGiver #1

[REDACTED]
[REDACTED] TB Screening complete [REDACTED]

Caregiver #2

[REDACTED]
[REDACTED] TB Screening [REDACTED]

All TB clearances are kept in the binder and will not be removed from the home. This will not happen again in the future because the Home has a tracking sheet for all requirements before due date.

[REDACTED]