

Foster Family Home - Corrective Action Report

Provider ID: 1-160007

Home Name: Lani Abara

91-1032 Hamana St

Ewa Beach HI 96706

Review ID: 1-160007-1

Reviewer:

Begin Date: 2/26/2016

End Date:

3/1/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit [REDACTED] for initial review of 2 bed home. A corrective action report was given at time of review. [REDACTED]

6.(d)(1) Refer to appropriate sections of this review

Foster Family Home

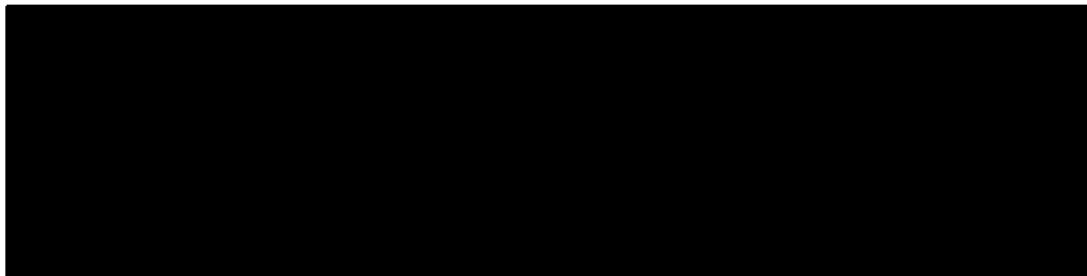
Personnel and Staffing

[17-1454-41]

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

Comment:

41.(f)(1) A form from MD showing absence of symptoms is missing for CG #3. A negative chest xray was done [REDACTED]



FOSTER FAMILY HOME- Plan of Correction

March 01,2016

41. (f) (1) A form from MD showing absence of symptoms is missing for CG#3. A negative chest X-ray was done [REDACTED]. The home received a signed form from MD showing absence of TB symptoms for CG#3 [REDACTED]. It is on file in the home personnel record. The home will utilize an organized binder as well as a computer program to keep track when personnel requirements are missing to prevent any deficiency re-occurring in the future.

