

# Foster Family Home - Corrective Action Report

Provider ID: 1-586232

Home Name: Lucretia Agtarap, CNA

Review ID: 1-586232-3

94-1286 Huakai Street

Reviewer:

Waipahu HI 96797

Begin Date: 5/23/2016

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#3 TB Screening done [REDACTED] and renewed [REDACTED] with 3 days lapse.

Written Plan of Correction

41 (AG)

CC#3 TB screening will not lapse in the future because the home will use post it to make sure all requirements are completed before the due date.

