Foster Family Home - Corrective Action Report

Provider ID: 1-560913

Home Name: Lydia Ramiscal, CNA   **Review ID:** 1-560913-5

94-185 Hulahe Street   Reviewer:

Waipahu   HI   96797   **Begin Date:** 5/31/2016   End Date: 6/20/16

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

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

Comment:

Home visit ▮▮▮▮▮▮ for recertification of 3 bed home. Corrective action report issued on day of review with corrective action plan due ▮▮▮▮▮▮.
6.(d)(1) refer to appropriate sections of this review.

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

7.1.(a)(2)   Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2)Lapse of protective care clearance (APS/CAN) ▮▮▮▮▮▮▮▮▮▮▮▮ for Caregiver #1 and household members #1 & #2

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)Household member #2 has a symptom list clearing of TB rather than a PPD test as required.

(17-1454-7.1)   Background checks

7.1.(a)(2)   Lapse of Protective clearance (APS/CAN) ▮▮▮▮▮▮▮▮▮▮▮▮ for caregiver #1 and household members #1 + #2.

This served as a written plan of correction for my lapse of protective care clearance (APS/ CAN) ▮▮▮▮▮▮ for house-hold member #1 and #2.

I will then put a note on my computer, on my phone and on my purposeful planner so that it won't happen again. Trying to check my notes every now and then so that I know what's to be updated.

Thank you.

(17-1454-41) Personnel and Staffing

41.(b)(7) Household member #2 has a symptom list clearing of TB rather than a TB test as required.

To avoid this to happen again I ask ████ to put a note on ████ phone that ██ needs to get a   . I, too put a note on my phone to remind me that my son needs

Thank you.