

Foster Family Home - Corrective Action Report

Provider ID: 1-150008

Home Name: Manelyn S. Higa, CNA

Review ID: 1-150008-2

2516 Rose Street

Reviewer:

Honolulu HI 96819

Begin Date: 3/4/2016

End Date: 3/9/2016

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

Comment:

41.(f)(1) CG#5 TB clearance done [REDACTED] with negative CXR results present but positive PPD results not present.

Written Plan of Correction

41.(f)(1) The home received the Positive PPD Result for CG #5 [REDACTED] It is on file in the home personnel record. The home will use a table of each requirements to every caregiver including due dates and dates to be renew, to prevent any requirement from expiring in the future. [REDACTED]

[REDACTED]