

Foster Family Home - Corrective Action Report

Provider ID: 1-510067

Home Name: Marilyn Dela Cruz, CNA

91-1038 Pu'uainako Place

Ewa Beach HI 96706

Review ID: 1-510067-3

Reviewer:

Begin Date: 5/10/2016

End Date: 5/19/2016

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 3-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

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

Comment:

41.(b)(7)/41.(f)(1) CG#5 and also HHM#4 Negative TB skin test was done [REDACTED] and no current annual TST or PPD done.

Written Plan Of Correction

[REDACTED] [REDACTED]

41. (b) (7) / 41. (F) (1) CG #5 and also HHM #4
Negative TB skin test was done [REDACTED]
and no current annual TST or PPD done.
New TB clearance done [REDACTED]
result read and interpreted [REDACTED].
PLS. see attachment. This will not happen
again in the future, because the home
has computer calendar to remind the
home to all requirements update.

[REDACTED]

[REDACTED]