

Foster Family Home - Corrective Action Report

Provider ID: 1-587793

Home Name: Rebecca Dulatre, CNA

87-586 Manuu Street

Waianae

HI 96792

Review ID: 1-587793-4

Reviewer:

Begin Date: 7/21/2016

End Date:

7/27/16

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 2 bed home changing to 3 bed. A corrective action report was issued at time of review with action plan due [REDACTED]

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

Foster Family Home

Personnel and Staffing

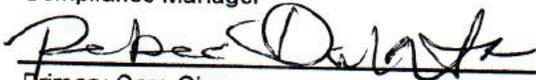
[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) Missing TB clearance for CG #3 which was due on or before [REDACTED]

Compliance Manager


Primary Care Giver

Date

07.21.2016

Date

Plan of Correction

July 27, 2016

41.(b)(7) CG #3 now has current TB in the home. This will not happen in the future because the home has a tracking system expiration.

July 27, 2016

A handwritten signature in black ink that reads "Rebecca Dulatre". The signature is written in a cursive style with a long horizontal line extending to the right.

87-586 Manuu street
Waianae, Hawaii 96792