

Foster Family Home - Corrective Action Report

Provider ID: 1-150044

Home Name: Sheryl Tagaca, CNA

Review ID: 1-150044-2

708 Kalihi St.

Reviewer:

Honolulu HI 96819

Begin Date: 6/1/2016

End Date:

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

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

Comment:

Home visit for a 2 person recertification review [REDACTED] Corrective Action Report issued during home visit with all items due to CTA [REDACTED]

6.(d)(1) - see applicable sections of the review

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

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) - No current fingerprints for CG #5 and CG #6.

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.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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

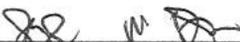
Comment:

41.(b)(7) - No current TB clearance for CG #6.

41.(b)(8) - No current CPR, First Aid, and Blood borne pathogen certification.

41.(f)(1) - No current TB clearance for HHM #1 and HHM #2.

Compliance Manager



Primary Care Giver

Date

6-1-16

Date

6/16/2016

Corrective Action:

7.1.(a)(1) sent current fingerprints SG #5()

SG #6 to CTA
[REDACTED]

41.(b)(7) sent current TB clearance, CPR, First Aid, Bloodborne
pathogen for SG#2

[REDACTED] to CTA.

41.(F)(1) sent TB clearance for HAM #1 &

HAM #2 [REDACTED] to CTA.

I have placed all items with expiration on my iPhone
reminder every month.

Sheryl N. Tagaca
SHERYL N. TAGACA
(PCG)

6-16-2016