

# Foster Family Home - Corrective Action Report

Provider ID: 1-512724

Home Name: Editha Jacinto, CNA      Review ID: 1-512724-4

94-270 Puamano Place      Reviewer:

Waipahu HI 96797      Begin Date: 2/23/2015      End Date: 4/6/15

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

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

Comment:

6.(d)(1) Review for recertification. Deficiencies are listed in separate sections. CAP issued with closing date of 3/23/15.

**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) SCG #5: TB was negative 2/14. PCG believes converted to positive since then. Verification of status needed.

*error*

*Home in compliance. Received two year certificate.*

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date