

Foster Family Home - Corrective Action Report

Provider ID: 1-512378

Home Name: Marivyn Casino, CNA

Review ID: 1-512378-4

91-1035 Opaehuna Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 8/9/2016

End Date: 8/22/16

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 made on 8/9/2016 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/9/2016.

6 (d)(1) see applicable sections of this review.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

41.(f) HHM#1 Completed TB Clearance on [redacted] and expired on [redacted] but renewed on [redacted] with about one month lapse.

Compliance Manager

Mary A. Cain

Primary Care Giver

Date

8/9/16

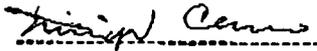
Date

Written Plan Of Correction

August 10, 2016

41. (f) HHM #1 Will not lapsed in TB clearance in the future again because the home will use the reminder notes posted on the home bulletin board for all requirements before due date. With this method, the home will remind household member #1 to remind one month ahead before due dates.

8/10/16



Marivyn Casino
91-1035 Opaehuna St.
Ewa Beach, HI 96706