

Foster Family Home - Corrective Action Report

Provider ID: 1-120003

Home Name: Adoracion Castillo, CNA

Review ID: 1-120003-6

94-665 Loaa Street

Reviewer:

Waipahu HI 96797

Begin Date: 9/21/2016

End Date: 9/26/16

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 9/21/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/21/2016.

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

Comment:

41.(b)(7) CG#3 Completed TB clearance on 4/27/16 but the TB Clearance Screening form was incomplete because no TB skin test results or Chest X-Ray results indicated on the form

Compliance Manager

Adoracion R. Gomez

Primary Care Giver

Date

09-21-16

Date

Date

Sep 25 16 02:57p

Adoracion Castillo

p.2

Written Plan of Correction

DATE : 09-23-16

#1 (b)(1) CG #3 now has the TB completed by Advance Practice R.N.
This will not happen again in the future because the home will
keep the results in the home binder permanently. (Attached are the
TB clearance.)

DATE : 09-23-16

Adoracion R. Castillo
924-665 LORA ST.
WARRAM, HI 96797