

# Foster Family Home - Corrective Action Report

Provider ID: 4-160064

Home Name: Preciosa Rojas, CNA

Review ID: 4-160064-1

547 Kaulana St.

Reviewer:

Kahului HI 96732

Begin Date: 9/29/2016

End Date: 10/15/16

## Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit for a new 2 person CCFFH certification review made on 9/29/16. Corrective Action Report issued during home visit with all items due to CTA by 10/29/16.

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

## Foster Family Home Personnel and Staffing

[17-1454-41]

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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

Comment:

41.(b)(5) - Auto Insurance coverage amounts to low for CG #1.

41.(b)(7) - No current TB clearance for CG #3.

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

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

\_\_\_\_\_  
Date

9/29/16  
\_\_\_\_\_  
Date

October 03, 2016

To Whom It May Concern:

41.(b)(5) – I sent CTA a current Auto Insurance Policy with the correct coverage amounts on October 03, 2016.

41.(b)(7) – I sent CTA a current TB clearance for Caregiver #3 on October 03,2016.

I will maintain my auto insurance with the correct amounts for my current and future cars.

I have placed/store a head of time the expiration dates for TB clearances for all CG's and House Hold Member's on my iphone calendar to be renew in the near future.

  
\_\_\_\_\_  
PRECIOSA ROJAS

October 03,2016