

Foster Family Home - Corrective Action Report

Provider ID: 2-509888

Home Name: Grace Andres, CNA

Review ID: 2-509888-3

1682 Nohoana Place

Reviewer:

Hilo HI 96720

Begin Date: 10/19/2016

End Date: 10-20-16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Survey performed to recertify two client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA by 11/19/16.

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:

No TB clearance in home binder for pcg in 2014. No TB clearance in home binder for cg 2 or Adult household members 1 and 2.

Compliance Manager

Grace F. Andres
Primary Care Giver

10-20-16

Date

Oct. 19, 2016

Date

Plan of Correction:

Oct. 20, 2016

- ① Rule #
41. (b) (9) TB Clearance
- ② How I fixed the deficiency
I sent the TB tests for SC or Sub. care giver & both house hold members to CTA on Oct. 20, 2016
- ③ How I will prevent this from happening again.
 - Ⓐ Keep a notice on the wall for up coming events like
 - ① Doctors appt.
 - ② CPR & First Aid
 - ③ TB Test
 - ④ Blood borne, Pathogens and Infection control

Grace L. Andres
1682 Nohona Pl.
Hilo, Hawaii 96720

Date 10-20-2016