

# Foster Family Home - Corrective Action Report

Provider ID: 2-090101

Home Name: Hilaria Panglao, CNA

Review ID: 2-090101-4

96-3065 Pikake Street

Reviewer: 7

Pahala HI 96777

Begin Date: 11/16/2016

End Date: 11-16-16

## 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 three client home. Home not in compliance on day of survey. Corrective action report issued with plan of correction due to CTA by 11/30/16.

## 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 caregiver # 2.

Compliance Manager

Hilaria G. Panglao  
Primary Care Giver

11/16/16  
Date

11/16/16  
Date

11/16/16

# PLAN of CORRECTION

41.(b)(7) SC 2015 not in home binder

I will file it myself right away  
into the home binder.

Hilaria Panofso,  
PCG