

Foster Family Home - Corrective Action Report

Provider ID: 1-120022
Home Name: Jinalyn Bulosan, CNA Review ID: 1-120022-6
91-804 Apoke Place Reviewer:
Ewa Beach HI 96706 Begin Date: 11/3/2016 End Date: 11/7/16

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 3 person CCFFH recertification review made on 11/3/16. Corrective Action Report issued during home visit with all items due to CTA by 12/3/16.

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

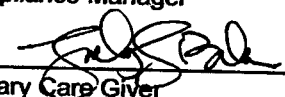
Foster Family Home Personnel and Staffing [17-1454-41]

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

Comment:

41.(b)(7) - No current TB clearance for CG #5.

Compliance Manager



Primary Care Giver

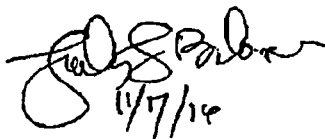
Date

11/3/16

Date

41. (B)(7) I sent CTA a current TB Clearance for CG #5 on 11/07/2016.

I have placed all items with expiration dates (TB, CPR, Bloodborne Pathogens, APS/CAN) on my iphone calendar with reminders set for 1 month ahead of expiration date.


11/17/16