

Foster Family Home - Corrective Action Report

Provider ID: 2-000004

Home Name: Leonor Malvar, CNA

16-1325 35th Avenue Pohaku Drive

Keaau HI 96749

Review ID: 2-000004-5

Reviewer: Carol Copeland

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 caregivers # 1 and # 2 for 2015.

Carol Copeland, RN/MSN
Compliance Manager
COA
Primary Care Giver

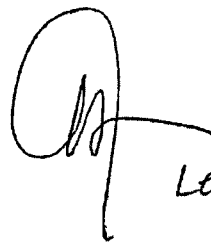
11-16-16
Date
11-16-2016
Date

11-16-2016

Plan of Correction

- 41(b)(7) - 2015 TB CLEARANCES for person 1 (caregiver)
caregiver #2 C:

In the future I'll make sure all my papers ~~to~~ will
be ~~advised~~ ^{in compliance} by reminding my self in printing it into
my plan or schedule calendar.



Leonard D. Malvar, CNA