

Foster Family Home - Corrective Action Report

Provider ID: 1-160075

Home Name: Lyndon Redona, CNA

94-1065 Lumiaina St.

Waipahu HI 96797

Review ID: 1-160075-1

Reviewer:

Begin Date: 11/5/2016

End Date: 11/5/16

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6(d)(1) New home visit made on 11/5/16 for a 2-bed certification. Corrective action report issued during the New Home visit with corrective action plan due to CTA on 12/5/2016.

6(d)(1) see applicable sections of this review.

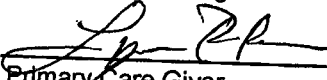
Foster Family Home Personnel and Staffing [17-1454-41]

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

Comment:

41(b)(7) CG#2 TB screening form done on 1/8/16 was incomplete. There is no record of positive skin test and chest x-ray results.

Compliance Manager



Primary Care Giver

Date

11/5/16

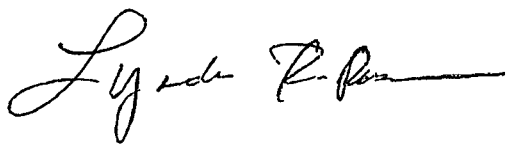
Date

Written Plan of Correction

Date: 11/6/16

Part 1. 41(b)(7)^{Home} Got a copy of TB Screening Results for CG #2 and filed in Caregiver Binder.

Part 2. Completed TB Screening Results on 11/5/16 and fees will not happen again because the home will make sure that it is filed in the home binder at all times and kept current to Calendar reminders. I will also create notifications in my mobile phone.



Lyndon Redona

94-1065 Luaniwa Street

Waiipahu, HI 96797

11/5/16