

Foster Family Home - Corrective Action Report

Provider ID: 2-510778

Home Name: Marisa Viernes, LPN

Review ID: 2-510778-5

58 West Naaunoo Street

Reviewer:

Hilo HI 96720

Begin Date: 11/2/2016

End Date: 11/02/16

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 11/16/16.

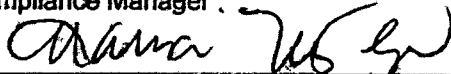
Foster Family Home Personnel and Staffing [17-1454-41]

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

Comment:

No TB clearance for caregiver #4 in home binder.

Compliance Manager



Primary Care Giver

11-2-16
Date

11-2-16
Date

November 2, 2016

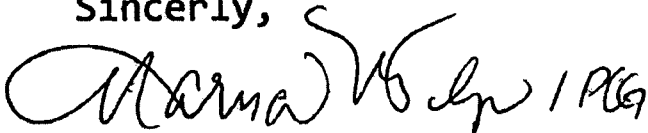
To whom it may concern:

Rule & Regulation # 41.B.7

Caregiver did not have #4 caregiver
TB clearance for 2015 on the day of survey.

Will make sure for future surveys that I will have TB
clearance in binder.

Sincerely,

A handwritten signature in cursive script, appearing to read "Marisa Viernes LPN/PCG".

Marisa Viernes LPN/PCG