

Foster Family Home - Corrective Action Report

Provider ID: 4-622284

Home Name: Marjory Bumatay, CNA

497 S. Kamehameha Avenue

Kahului HI 96732

Review ID: 4-622284-6

Reviewer:

Begin Date: 11/16/2016

End Date: 11/19/2016

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Home visit made on 11/16/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 12/16/2016.

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#4 lapsed on TB clearance due on/before 3/13/15 done on 9/8/16.

Compliance Manager



Primary Care Giver

Date

11/16/16

Date

Written Plan Correction

Nov. 17, 2014

41.(b)(7) CG#4 will not lapse on TB clearance on future.

The home now uses the cellphone calendar to track all requirements. from preventing lapses. before due date.

Date-11/17/2014

M: Bumatay

497 S. Kamelanihale Ave.

Kahului, HI. 96732