

# Foster Family Home - Corrective Action Report

Provider ID: 1-160069

Home Name: Vicenta Cadelina, CNA

Review ID: 1-160069-1

94-337 Loaa Place

Reviewer:

Waipahu HI 96797

Begin Date: 10/3/2016

End Date: 10/17/2016

## 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 on 10/3/2016 for initial certification of 2 bed home where there is a change of primary caregiver. Corrective action report issued during the Home visit with corrective action plan due to CTA on 10/17/2016.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7) CG#2 TB clearance done

41.(f)(1) HHM#2 No current TB clearance present in the home.

Compliance Manager

*Vicenta Cadelina*

Primary Care Giver

Date

*10/3/16*

Date

Oct 17 16 06:41p

p.2

# Written Plan of Correction

Date 10/17/2016

41(B)(2) CG # 2 now has a proof of TB clearance date - so this will not happen again because it is kept in binder always.

41.4)(1) HMM # 2 completed TB clearance date 10/5/16

This will not happen again in the future because the home now uses a calendar for all requirements before due date.

Date 10/17/2016

Vicenta Cadelina  
94-337 Soala Pl.  
Waipahu, HI-96797