

Nov.03.2016 10:32 AM wilma

PAGE. 1/ 1

Foster Family Home - Corrective Action Report

Provider ID: 1-160076

Home Name: Wilma Cervania, CNA Review ID: 1-160076-1

92-715 Nohona St. Reviewer: [Redacted]

Kapolei HI 98707 Begin Date: 10/28/2016 End Date: 11/3/16

Foster Family Home Required Certificate [17-1454-8]

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

Comment:

6(d)(1) New Home visit was made on 10/28/16 for a 2-bed certification. Corrective action report issued during the New Home visit with corrective action plan due on CTA on 11/28/16.

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) TB screening form done on 10/18/16 but no positive TB skin test and negative Chest X-ray present in the home.

Compliance Manager
Wilma Cervania / Wilma Cervania
 Primary Care Giver

Date
Nov. 3 2016
 Date

Nov.03.2016 10:34 AM wilma

PAGE. 1/ 1

WRITTEN PLAN OF CORRECTION

Date: 11/3/2016

The SCG#2 completed TB screening form or done on 10/18/16 in home. But don't have TB SKIN TEST AND Negative Chest Xray.

TB Skin test and negative CHEST Xray completed on NOV 2 20016 . In the Future this will not happen again because the home will Monitor and Use the post it , in the binder to remind the home to Renew all the Requirement before Due Date.(TB Chest Xray attached).

NOV. 3 2016

Wilma Cervania
NAME: WILMA CERVANIA

92-715 Nohona St. Kapolei Hawaii 96707