

Foster Family Home - Corrective Action Report

Provider ID: 1-633760

Home Name: Aurelia Padilla, CNA Review ID: 1-633760-4

94-1116 Hina Street Reviewer:

Waipahu HI 96797 Begin Date: 11/22/2016 End Date: 12/23/16

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

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 11/22/16. Corrective Action Report issued during home visit with all items due to CTA by 12/22/16.

6.(d)(1) - see applicable sections of the 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) - No current TB clearance for CG #5.

Compliance Manager
Aurelia Padilla
Primary Care Giver

Date
11/22/16
Date

17-1454-41.6.7 - obtain TB clearance for CG # 5
on 12-14-16

- To prevent the lapse in expiration
of TB clearances for CG's and
HTM's . I will place on calendar,
make a list + review monthly.

Amelia Padilla 12/16/16