

# Foster Family Home - Corrective Action Report

Provider ID: 1-510455

Home Name: Erma Tagaca, CNA

1825 Ashford Street

Honolulu

HI 96819

Review ID: 1-510455-4

Reviewer:

Begin Date: 11/22/2016

End Date: 12/21/16

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 3 person CCFFH recertification review made on 11/22/2016. Corrective Action Report issued during home visit with all items due to CTA by 12/22/2016.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41(b)(7)TB screening form for CG#2 & CG#4 is incomplete. Form does not indicate skin test/CXR results.  
41(b)(8)CG#3 does not have a current first aid card. Although PCG reports training was completed with CPR/AED training, CPR card does not indicate first aid training was completed.

Compliance Manager

*Erma V. Tagaca*

Primary Care Giver

Date

*11/22/2016*

Date

12/21/2016

## Written Plan of Correction

41.(b)(7) TB screening for CG#2 + CG#4 is incomplete  
Form does not indicate skin test (CXR results).

41.(b)(7) TB current screening for CG#2 + CG#4 form is  
completed. Their MD put the date of their  
last CXR results, and are now filed in  
caregiver binder.

I advised CG#2 + CG#4 that before they  
leave their MD office to check the form +  
make <sup>sure</sup> the date of their last CXR is  
completed by their MD.

Problem: 41(b)(8) CG#3 does not have a current first  
Aid card.

41(b)(7) TB CG#~~3~~<sup>current</sup>, First Aid Card are now filed  
in caregiver binder. The home will maintain  
caregiver tracking log.

Anna V Tagata  
Erma Tagata Foster Home  
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96819