

# Foster Family Home - Corrective Action Report

Provider ID: 1-150055

Home Name: Gladys Castillo, CNA

Review ID: 1-150055-2

5-413 Ihilani St.

Reviewer:

Kaneohe HI 96744

Begin Date: 8/25/2016

End Date: 9/9/16

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

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

Comment:

3 (d)(1) Home visit made on 8/25/16 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/25/2016.

3 (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#2 TB clearance not present in the home.

Compliance Manager

*GP Castillo*

Primary Care Giver

Date

*8/25/16*


Date

## Written Plan of Correction

September 7, 2016

41.(b)(7) The home received a current TB clearance for CG#2. It is on file in the home personnel records. Home will utilize a notebook to track when personnel requirements are due to prevent any requirements from expiring in the future. (TB clearance document attached)

September 7, 2016



Gladys Castillo

45-413 Ihilani St. Kaneohe

Hawaii 96744