

Foster Family Home - Corrective Action Report

Provider ID: 1-140002

Home Name: Marites Barit, NA

Review ID: 1-140002-3

4-1168 Limahana Street

Reviewer: _____

Waipahu

HI 96797

Begin Date: 11/30/2016

End Date: 12/9/16

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

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 11/30/16. Corrective Action Report issued during home visit with all items due to CTA by 12/30/16.

§(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 #3 and HHM #3. Chest x-ray done 12/15/14 for CG #3 and PPD done on 2/6/14 for HHM #3.

Compliance Manager

Marites Barit

Primary Care Giver

Date

11-30-16

Date

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December 8, 2016

Hi, David

I sent the TB clearances for my caregiver name Bebsie Pungtilan and one of my HHM's named Jecel Mae Barit to the CTA. They were not in my file.

I made a list of all the expiration dates for the TB test of my SCG and HHM's. I placed it in the front of my CTA binder and will review it monthly.

Yours truly,

Marites Barit

Caregiver