

# Foster Family Home - Corrective Action Report

Provider ID: 1-580226

Home Name: Soo Yeon Phillips, CNA

Review ID: 1-580226-5

1033 Ala Liliko'i Street

Reviewer:

Honolulu HI 96818

Begin Date: 12/7/2016

End Date: 12/9/16

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

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

Comment:

6 (d)(1) Home visit made on 12/7/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/7/2017.

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) CG#5 lapsed in TB clearance due on/before 5/15/16 done on 5/23/16.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Primary Care Giver

*12-7-16*  
\_\_\_\_\_  
Date

Written <sup>Plan</sup> of correction.

12-07-16

The house will call CG #5 for TB  
clearance one month ahead of the time.  
So it will not lapse again in the future

Soo Yeon Phillips

cd Phillips

1033 Ala Lili'ko'i St, Honolulu, HI 96818