

Foster Family Home - Corrective Action Report

Provider ID: 2-140056

Home Name: Emma Pasion Cacho, RN

Review ID: 2-140056-4

388 Kaiwiki Road

Reviewer:

Hilo HI 96720

Begin Date: 12/14/2016

End Date: 12/15/16

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

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

Comment:

Survey performed to recertify three client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA by 1/14/17.

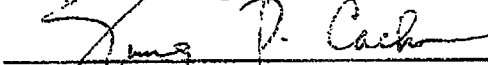
Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(1). Have a current tuberculosis clearance that meets department of health guidelines; and

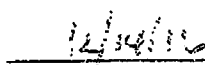
Comment:

No TB clearance for care giver # 1 in home binder for 2015.

Compliance Manager


Primary Care Giver

Date



Date

Plan of correction 12/14/16

Rule # 41.(b)(1)

I did not have my TB clearance in my binder for 2015.

I now have a copy in my binder.

I will make sure that it won't happen again.
~~and~~ I will file a copy in my binder right away.

Sam P. Cash