

Foster Family Home - Corrective Action Report

Provider ID: 1-660682

Home Name: Enrica Asio, CNA

94-238 Pupukui Street

Waipahu

HI 96797

Review ID: 1-660682-6

Reviewer:

Begin Date: 12/28/2016

End Date: 12/30/2016

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 12/28/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/28/2017.

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#1 lapsed on TB clearance due on/before 5/23/16 done on 12/12/2016.
CG#2 current TB clearance not presence in the home.

Compliance Manager

Enrica Asio

Primary Care Giver

Date

12/28/2016

Date

Written Plan of Correction

12/29/2016

41(b)(7) CG#1 TB clearance will not lapse if prevention & I will make a list of all the requirements before the expiration dates

CG(2) completed T.B clearance 12/29/2016, this will not happen again, he will use the remainder left to do T.B clearance every year

12/29/2016

Ernie Oiro PEG

94-238 Pupukui

Wahiawa HI 96797