

# Foster Family Home - Corrective Action Report

Provider ID: 1-618796

Home Name: Luzviminda Dela Cruz, CNA

Review ID: 1-618796-4

94-479 Hoaeae Street

Reviewer:

Waipahu HI 96797

Begin Date: 12/15/2016

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 12/15/16 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/15/2017

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#3 No current TB clearance.

Compliance Manager

Luzviminda Dela Cruz  
Primary Care Giver

Date

12/15/16

Date

JAN-1-2004 12:07P FROM:LUZ DE LA CRUZ

TO:2345470

P.1/3

### Written Plan of Correction

12/29/2016

41.(b) 7 Fixed: CG #3, TB Clearance done on 12/22/2016, result was negative.

Prevent: The home will remind CG a month ahead TB clearance every year.

12/29/2016

*Luzviminda de la Cruz*  
Luzviminda de la Cruz, CNA  
Primary Caregiver  
94-479 Hoaeae St.  
Waipahu, Hawaii 96797