

Foster Family Home - Corrective Action Report

Provider ID: 1-562919
Home Name: Conchita Batoto, CNA
1050 Wong Lane
Honolulu HI 96817

Review ID: 1-562919-5
Reviewer:
Begin Date: 12/13/2016
End Date: 2/2/2017

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 12/13/162016 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/13/2017.

6 (d)(1) see applicable sections of this review.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:
41.(a)(3) CG#1 Job experience not present in the home.
41.(b)(7) CG#2 lapsed in TB clearance due on/before 9/7/2016 done on 9/12/2016.

Compliance Manager
Conchita Batoto

Primary Care Giver

Date
12/13/16

Date

Written Plan of Correction

January 30, 2017

401A 3 CG #1 Complete job experience form
on 1-5-2017 and kept in binder at all time.

41B-7 CG #2 will not laps in TB clearance any-
more because I will tell CG 2 to do TB clearance
one month before due date.

Thank you,
Conchita

January 30, 2017

conchita Batoto
1050 Wong Lane
Hon HI 96817