

Foster Family Home - Corrective Action Report

Provider ID: 1-594657

Home Name: Nimfa Leslie, CNA

Review ID: 1-594657-5

91-733 Makule Road #C

Reviewer:

Ewa Beach HI 96706

Begin Date: 1/11/2017

End Date: 1/17/2017

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 1/11/2017 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 2/11/2017.

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) Lapsed on TB clearance due on/before 5/21/16 done on 12/15/16 for CG#3.

Compliance Manager

Nimfa S. Leslie
Primary Care Giver

Date

Jan 11, 2017

Date

Written Plan of Correction

Jan. 12, 2017

1-1454-41 b.7 CG # 3 will not lapse in TB clearance anymore.

The plan to prevent happening this again is to remind her to have it done earlier.

Jan. 12, 2017

Theresa L. Leslie

91-733 Makule Rd C

Ewa Beach HI 96706