

Foster Family Home - Corrective Action Report

Provider ID: 2-090130

Home Name: Marilyn Purganan, CNA

Review ID: 2-090130-5

73-1051 Kuuleialoha Circle

Reviewer:

Kailua-Kona HI 96740

Begin Date: 12/21/2016

End Date: 1/3/16

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 two client home. Home not in compliance on day of survey. Corrective Action report issued with plan of correction due to CTA by 1/21/17.

Foster Family Home Reporting Changes [17-1454-10]

10.(1) That may pose a risk to the life, health, safety, or welfare of the client;

Comment:

error no deficiencies.

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.*

No TB clearance in home binder for care givers # 2 & 4.

Compliance Manager

M. Purganan
Primary Care Giver

Date

12-21-16

Date

Plan of Correction:

- 2) 10.12) I did not report my adverse event to CTA. The CTA form didn't indicate to go to CTA, only Case Mgr Manager. In the future I will send to CTA within 12 hrs.

Morgan