

Foster Family Home - Corrective Action Report

Provider ID: 2-613811

Home Name: Rachel Castro, CNA

Review ID: 2-613811-3

882 Kupukau Road

Reviewer: [REDACTED]

Hilo HI 96720

Begin Date: 5/17/2017

End Date: 5/30/17

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit 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 6/17/17.

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

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

No current TB clearance in home binder for care givers 1,2 or 3.
No current TB clearance in home binder for household member # 1.

I got all the TB clearance and I put them in my other binder. I will make sure that I will put them in the right binder.

Compliance Manager

RACHEL CASTRO

Primary Care Giver

Date

5 | 30 | 2017

Date