

Foster Family Home - Corrective Action Report

Provider ID: 2-130030

Home Name: Catherine Gacula, CNA

Review ID: 2-130030-4

45-3329 Ulu Street

Reviewer: Carol Copeland

Honokaa HI 96727

Begin Date: 7/5/2017

End Date: 7/12/17

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 three client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA by 8/5/17.

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

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

Comment:

No TB clearance in home binder for caregiver # 2.

Carol Copeland RN MSW
Compliance Manager

C. Gacula
Primary Care Giver

7/5/17
Date

7/5/17
Date

July 10, 2017

Attn: Carol Copeland, RN MSN
Community Ties of America, Inc
45-955 Kamehameha Hwy., #300

Plan of Correction.

Have a current Tuberculosis clearance that meets Department of Health Guidelines.

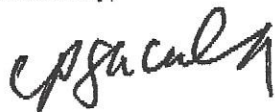
41.(b)(7) No TB Clearance in home binder for caregiver #2.

TB clearance for caregiver #2 was misfiled. I found the TB clearance for caregiver #2 and i filed it in my home binder.

Next time i make sure that all my files are file in the right place and right caregiver so that it will not happen again in future.

Thank you for your kind and consideration for this matter.

Sincerely,



CATHERINE GACULA
Primary Caregiver