

Foster Family Home - Corrective Action Report

Provider ID: 2-100058

Home Name: Mercedes Arquitola, CNA

Review ID: 2-100058-4

17-606 S. Ipu'aiwaha Place

Reviewer: Carol Copeland

Keaau HI 96749

Begin Date: 6/28/2017

End Date: 9/12/17

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 7/12/17.

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

No TB clearance in home binder for caregivers 3 and 4.

Carol Copeland RN MSW
Compliance Manager

6/28/17
Date

Mercedes Arquitola
Primary Care Giver

6/28/17

(17-1454-410) Care giver #3 wasn't able to obtain her TB clearance due to her doctor office was close for a week before her TB clearance was expired. Care giver #3 wasn't able to get it from the Department of Health because of the holidays, and on top of all that she was out of Island due to a family member passing. But was able to obtain a TB clearance when she had return back to the island on January 11, 2017. I was able to file it on my binder on January 11, 2017.

(17-1454-41) Care giver #4 last chest Xray for TB clearance was on October 16, 2015. I wasn't aware of having a yearly written TB clearance. Care giver #4 was able to obtain her written TB clearance for 2016 and 2017 on June 28, 2017. I was able to file it on my binder on June 28, 2017.

In the future I will make sure this incident will not happened again by checking my binder ~~more~~ frequently every month.

I highly appreciate your time and kindly.

Primary Care Giver

Mercedes B Arquitola

