

# Foster Family Home - Corrective Action Report

Provider ID: 1-626541

Home Name: Nelson Simbajon, CNA

Review ID: 1-626541-4

91-1147 Pohahawai Street

Reviewer: Sue Lo

Ewa Beach HI 96706

Begin Date: 7/7/2017

End Date: 7/12/2017

## 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 7/7/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 8/7/2017

6 (d)(1) see applicable sections of this review.

## Foster Family Home


## Personnel and Staffing

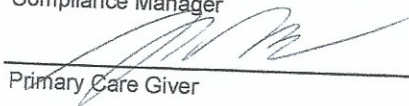
[17-1454-41]

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 4/30/2016 - was done on 11/15/2016 for CG#1.

  
Compliance Manager

  
Primary Care Giver

7/7/2017  
Date

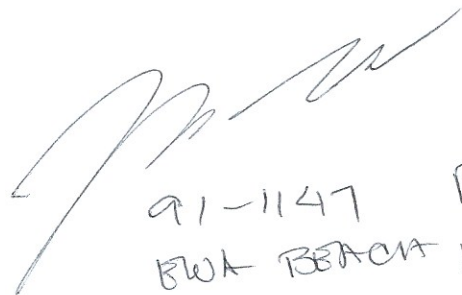
7/7/2017  
Date

WRITEN PLAN OF CORRECTION  
7/8/2017

1) 41 B 7 CGHI WILL NOT  
LAPSE ON TB CLEARANCE  
ANY MORE.

PLAN OF CORRECTION

1) KEEP TRACK WITH <sup>THE</sup> CALENDAR  
FOR TB CLEARANCE TO REVIEW  
BEFORE DUE DATE.



91-1147 POHAHAWAHI  
BWA BEACH, HAWAII

96704