

# Foster Family Home - Corrective Action Report

Provider ID: 1-562472

Home Name: Anita Locquiao, CNA

Review ID: 1-562472-5

4429 Likini Street

Reviewer: David Ayling

Honolulu HI 96818

Begin Date: 5/25/2017

End Date: 6/30/17

## Foster Family Home

## Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 5/25/17. Corrective Action Report issued during home visit with all items due to CTA by 6/25/17.

6.(d)(1) - see applicable sections of the review

## Foster Family Home


## Personnel and Staffing

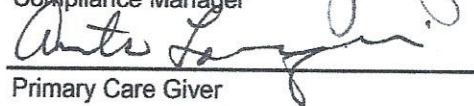
[17-1454-41]

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

Comment:

41.(b)(7) - No current TB clearance for CG #1 and CG #2(expired on 5/11/17).

  
Compliance Manager

  
Primary Care Giver

5/25/17  
Date

5-25-17  
Date

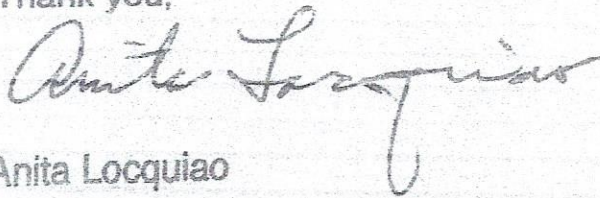
June 27, 2017

41.(b)(7)

I have obtained current TB Clearances from CG#1 and CG#2 and placed in my CTA binder.

I have made a list of these expiration dates on the things that will need renewal (TB, CPR, APS/CAN) and placed in the front of my CTA binder. I will review it every month or so.

Thank you,



Anita Locquiao

June 27, 2017