

Foster Family Home - Corrective Action Report

Provider ID: 1-560428
Home Name: Fe Manera, CNA
94-1062 Lumikula Street
Waipahu HI 96797
Review ID: 1-560426-6
Reviewer: Carrie Wakai
Begin Date: 2/24/2017
End Date: 4/13/17

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

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

Comment:

Home visit made on 2/22/2017 for a 3 person CCFH recertification review. Corrective Action Report issued with all items due to CTA by 3/22/2017.

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)-CG#1 and HHM#3 have on file a current TB screening form but are missing documentation of positive PPD/CXR results.

Carrie Wakai
Compliance Manager

Fe A. Manera
Primary Care Giver

2/24/17
Date

02-24-17
Date

03/14/17 07:57AM

HP LASERJET FAX

p.01

Written Plan of Correction

41(b)(7)

How to Fix

- 1- Obtained original copy of positive skin test result from Lanakila of the PCG dated 3/3/17.
- 2- Obtained ppd skin test result of HMM#3 dated 3/13/17

How To Prevent:

Keep it on the Provider Binder and don't throw away for yearly recertification.

Name: Fu A. Manera

Address: 94-1062 Luanikula St. Waipahu HI. 96797

Date: 3/14/17