

Foster Family Home - Corrective Action Report

Provider ID: 1-512823

Home Name: Gudelia Cruz, CNA

Review ID: 1-512823-4

91-1054 Haawina Street

Reviewer: Sue Lo

Kapolei HI 96707

Begin Date: 7/5/2017

End Date: 8/6/2017

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 7/5/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 8/5/2017


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

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

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

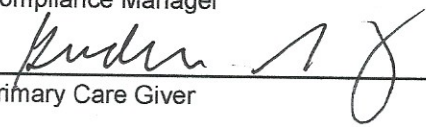
Comment:

41.(f) TB Clearance for TB skin test (TST) was last done on 5/2/2012, but screening questionnaire form completed on 5/19/2017 with no proof of positive/negative TST/Chest X-ray results after 5/2/2012 for HHM#2.



Compliance Manager

7/5/2017
Date



Primary Care Giver

7/5/17
Date

Written Plan of Correction

(Date) 7/12/17

4.1(f)

Household NO. 2 completed TB clearance

on 7/10/17

~~7/12/17~~

and result received 7/12/17 (-)

Prevention Plan.

The home has list of requirements to remind household members to complete TB clearance 6 year before due date. Results are now kept on the binder @ all times.

(Date) 7/12/17

Rudelha to by

91-1054 Haawina St.

Kapolei, HI. 96707