

Foster Family Home - Corrective Action Report

Provider ID: 1-599045

Home Name: Minerva Cabang, CNA

Review ID: 1-599045-4

98-386 Kaluamoi Drive

Reviewer: Sue Lo

Pearl City HI 96782

Begin Date: 5/16/2017

End Date: 6/19/2017

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 5/16/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/16/2017

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

Foster Family Home Personnel and Staffing

[17-1454-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

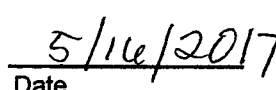
41.(f)(1) TB clearance last done in 2012 and current TB clearance not present in the home for HHM#2.

Compliance Manager



Primary Care Giver

Date



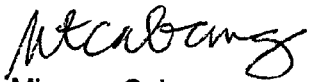
Date

Written Plan Of Correction:

Date: June 13, 2017

41.(f)(1) HHM#2 completed TB clearance on March 15, 2017.

This won't happen again in the future and the home has a calendar to remind HHM#2 to renew TB clearance every year before the due date.



Minerva Cabang
98-386 Kaluamoi Drive
Pearl City HI, 96782