

# Foster Family Home - Corrective Action Report

**Provider ID:** 1-140070

**Home Name:** Rosalina Basug, CNA **Review ID:** 1-140070-3

520 Kulia Street **Reviewer:** Joan Scalzone

Wahiawa HI 96786 **Begin Date:** 7/7/2016 **End Date:** 8/3/16

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

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

Comment:

Home visit on 7/7/2016 for recertification review for 2 bed home changing to 3 bed status. A corrective action report was issued at time of review with plan and documents due by 8/7/2016.  
Home is in compliance 8/3/16.

**Foster Family Home Background Checks [17-1454-7.1]**

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) Fingerprint results for CG #3 pending. Done 7/5/16.

**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 Last chest xray 11/6/14. Missing Symptom clearance due on or before 11/6/15.  
CG # 3 Last chest xray 1/30/15. Missing symptom clearance due on or before 1/30/16.  
HHM#1 Last chest xray 1/7/14. Missing symptom clearance due on or before 1/7/15.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

8/3/16

## Collective Action Plan

Rule 4. 6)(7), What to do to correct it:

CG # 1 CG # 3 HHM # 1 obtain the TB clearance sheet from the doctor and report to CTA. And put document on file.

HHM # 1 Had his TB clearance and freed from his symptoms.

All CG # 1 CG # 3 HHM # 1 are cleared. And of cleared, of TB symptoms.

Rule # 7.1(a)

CG # 3 Had her fingerprint done.  
Had her green light.

Rule # 4i(b)(7) and 7.1(a)(i)

To prevent it in the future I will also make sure I will put reminder on my cell phone.

Sincerely,  
Rosalina Baum 7/27/16