

Foster Family Home - Corrective Action Report

Provider ID: 1-563991

Home Name: Catalina Guzman, CNA

94-556 Hiaku Place

Waipahu

HI 96797

Review ID: 1-563991-5

Reviewer: Sue Lo

Begin Date: 9/11/2017

End Date: 9/12/2017

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 for a 3 bed recertification requested to decrease to 2 bed . Corrective action report issued during home visit with corrective action plan due to CTA on 10/11/2017.

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) HHM#1 lapsed in TB Clearance due on/before 12/27/16 and was done 8/10/17.

SGL
Compliance Manager

Catalina M. Guzman
Primary Care Giver

9/11/2017
Date

9-11-17
Date

Written Plan of Correction

HI.(F)(I).HHM#1 will not lapse in TB Clearance and cannot be fixed, it will not happen again in the future.

Preventio Plan

CG #1 will use a calendar as a reminder to prevent from lapsing and renew before due date.

Catalina Angman
9-11-17

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