

Foster Family Home - Corrective Action Report

Provider ID: 1-170042

Home Name: Jesusa Miguel, CNA

94-1007 Hiapo St.

Waipahu

HI 96797

Review ID: 1-170042-1

Reviewer: Carrie Wakai

Begin Date: 7/11/2017

End Date: 8/31/2017

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 new 2 bed, change of PCG CCFFH certification survey. A corrective action report was issued with written plan of correction due to CTA on 7/25/2017.

Acceptable written plan of correction and all required items received 7/17/17. Home will receive a letter to give to health plan they will contract with and CMA.

Carrie Wakai en
Compliance Manager

7-11-17
Date

Miguel
Primary Care Giver

7-11-17
Date

Written Plan of Correction

41 (b)(8) - The home received current Blood Borne Pathogen last January 2, 2017 but was not able to put on file accordingly. It is now on file on the home personnel record. The home will continue to double check, monitor and/or record accordingly to track when personnel requirements are due to prevent any requirement from expiring in the future.

Signed:

 7/17/17

Jesusa Corazon Miguel
94-1007 Hiapo Street
Waipahu, Hi 96797