

Foster Family Home - Corrective Action Report

Provider ID: 1-635336

Home Name: Maria Peretz, CNA

Review ID: 1-635336-6

91-1124 Kaimalie Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 8/11/2017

End Date: 8/12/17

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

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 8/11/17. Corrective Action Report issued during home visit with all items due to CTA by 9/11/17.

6.(d)(1) - see applicable sections of the review

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:

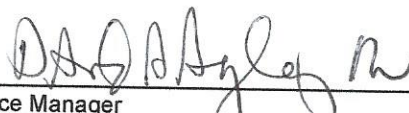
41.(b)(7) _ CG #2 did a TB clearance questionnaire instead of a PPD TB clearance for 2017.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety [17-1454-45] (3P)

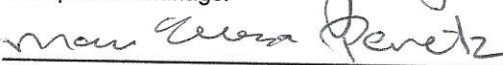
45.(3P)(b)(6) shall include all SCGs at least once per year

Comment:

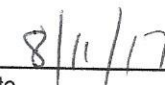
45.(3P)(b)(6) - All SCG's did not lead a fire drill at least once in the past year.



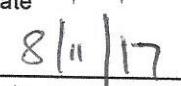
Compliance Manager



Primary Care Giver



Date



Date

August 11, 2017

To whom it may concern,

41 (b)(7) I have obtained a current PPD TB clearance for CG#2 and placed in my CTA binder.

45. (3P)(b)(4) - I have made a schedule of monthly fire drills and assigned each of my SCG's to lead at least one fire drill every year.

I will follow each of the above rules from now on.

Maria Elisa Peretz
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