

# Foster Family Home - Corrective Action Report

Provider ID: 1-160076

Home Name: Wilma Cervania, CNA

Review ID: 1-160076-2

92-715 Nohona St.

Reviewer: Sue Lo

Kapolei HI 96707

Begin Date: 8/15/2017

End Date: 8/16/2017

## 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 8/15/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/15/2017


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

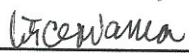
## Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) Lapse on TB clearance due on/before 7/20/17 - was done 8/11/17 for CG#2.

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

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

8/15/2017  
Date

8-15-17  
Date

## Written Plan of Correction

8-16-17

TB clearance will not lapse for CG #2 to prevent, don't happening Again, CG #1 will monitor with the iPhone Calendar so it will Alarm CG #1 to renew before the due date for CG #2.

Urcenwanea  
Wilma Cervania  
92-715 NOHONA ST.  
KAPOLEI HAWAII 96707