

Foster Family Home - Corrective Action Report

Provider ID: 1-509284

Home Name: Edgar Dulig, CNA

Review ID: 1-509284-5

94-991 Kualua Place

Reviewer: Carrie Wakai

Waipahu

HI 96797

Begin Date: 9/29/2017

End Date: 10/06/2017

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 client CCFFH certification survey.
A corrective action report was issued with all required items due to CTA by 10/28/17.

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)-Current TB screening form present in the home's folder but no documentation of positive TB skin test results for CG#3 and CG#4 present.

Carrie Wakai
Compliance Manager

9-29-17
Date

Edgar Dulig
Primary Care Giver

9-29-17
Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: EDGAR W. DULIG
 CCFFH Address: 0A-991 KUALUA PL. WAIPIAAU HI. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41657	2052 TB clearance was obtained for SCG# 3 & SCG#4. It was placed into home record.	03-15-2017 10-04-2017	Home will keep written reminders on the caregiver documents on each SCG's TB skin test due dates

Primary Caregiver's Signature: 

Print Name: EDGAR W. DULIG

Date of Signature: 10-6-17

email to C.wakai@comties.com