

Foster Family Home - Corrective Action Report

Provider ID: 4-525272

Home Name: Renee Rames, CNA

Review ID: 4-525272-6

677 Maika Place

Reviewer: David Ayling

Wailuku HI 96793

Begin Date: 8/28/2017

End Date: 9/1/17

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 2 person CCFFH recertification review made on 8/28/17. PCG requests to increase to a 3 client CCFFH. Corrective Action Report issued during home visit with all items due to CTA by 9/28/17.

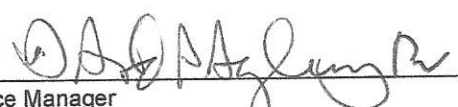
6.(d)(1) - see applicable sections of the review

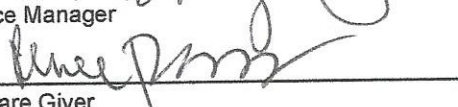
Foster Family Home Personnel and Staffing [17-1454-41]

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

Comment:

41.(b)(7) - No current TB clearance for CG #1(expired on 8/19/17).


Compliance Manager


Primary Care Giver

Date

Date

8/28/17

8/28/17

4.(b)(7) I got my current TB clearance done and placed it in My CTA Binder.

I placed my TB clearance expiration date on my wall callender so I wont forget next year + every year after that.

Renee Rames
Renee Rames
9/01/2017