

Foster Family Home - Corrective Action Report

Provider ID: 1-090132

Home Name: Loreta Tabuc, CNA

Review ID: 1-090132-5

91-928 Ahona Street

Reviewer: Sue Lo

Ewa Beach

HI 96706

Begin Date: 10/13/2017

End Date: 12/9/2017

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 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 11/13/2017.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

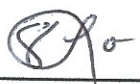
7.1.(a)(1) Second set of fingerprinting not present in the home for HHM#1

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

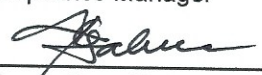
41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) TB clearance due on/before 6/13/2016 was done on 10/2/2017 for HHM#1.



Compliance Manager



Primary Care Giver

10/13/2017

Date

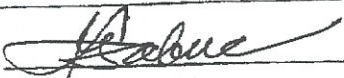
10/13/2017

Date

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

CCFFH Name: Loreta S. Tabuc
 CCFFH Address: 91-928 Abona St. Ewa Beach Hi. 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1 (ax1)	Second Set of Finger Printing Completed.	10/13/17	Document for Finger printing is keep in the home Binder all the time.
41 (FXI)	Tuberculosis Clearance lapse can't be fix.		Home we use a Cellphone Calendar alarm to remind (H+MS) to renew TB Clearance every year.

Primary Caregiver's Signature: 

Print Name: Loreta Tabuc

Date of Signature: 11/17/2017