

Foster Family Home - Corrective Action Report

Provider ID: 5-120068

Home Name: Amy Melchor-Tamayo

Review ID: 5-120068-6

5383 Olopuu Street

Reviewer:

Kapaa

HI 96746

Begin Date: 12/06/2017

End Date: 1/03/2018

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 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/06/2018.

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) TB Clearance Screening done on July 3, 2017 without proof of positive/negative TB skin test results for CG#2.



Compliance Manager

12/6/17

Date

Amy Melchor-Tamayo

Primary Care Giver

12/6/17

Date

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

CCFFH Name: Amy Melchor-Tamayo CCFFH
 CCFFH Address: 5383 Olopuia Street, Kapaa, HI 96746

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7) C	CG#2 provided the proof of positive/negative TB skin test result.	12/06/2017	PCG understands the importance of proof of positive/negative skin test. Proof is kept on binder all the time.

Primary Caregiver's Signature: Amy Melchor-Tamayo

Print Name: Amy Melchor-Tamayo

Date of Signature: 12/27/2017