

Foster Family Home - Corrective Action Report

Provider ID: 4-140071

Home Name: Louie Gairan, NA

Review ID: 4-140071-1

440 Kea Street

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 12/18/2017

End Date: 12/27/27

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 new CCFFH certification review made on 12/18/17. Home is changing PCG's. Corrective Action Report issued during home visit with all items due to CTA by 1/3/18.

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 #4(none present in PCG's file).

David Ayling RN
Compliance Manager

[Signature]
Primary Care Giver

12/18/17
Date

12/18/2017
Date

41.(b)(7)

I have received a current TB clearance from CG#4 nd placed in my CTA binder.

I have placed the expiration dates of the TB clearances for all CG's on my computer calendar with a reminder set for 1 month prior to expiration.

A handwritten signature in black ink, appearing to read 'Louie Troy T. Gairan', with a long horizontal flourish extending to the right.

Louie Troy T. Gairan

12/25/2017