

Foster Family Home - Corrective Action Report

Provider ID: 5-140026

Home Name: Marites Anacleto, CAN

3815 Uakea Place

Lawai

HI 96765

Review ID: 5-140026-4

Reviewer: Sue Lo

Begin Date: 12/5/2017

End Date: 12/29/2017

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 1/5/2018.

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) Lapsed on TB Clearance due on/before 11/19/16 was done on 1/30/2017 for CG#2. No proof of positive/negative TB Skin Test for CG#4.



Compliance Manager

12/3/2017
Date:

Marites Anacleto

Primary Care Giver

12-05-2017
Date

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

CCFFH Name: MARITES ANACLETO
 CCFFH Address: 3815 WAIKOA R. LAWAI, HI. 96765

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41. (b)(7)	CG #2 Lapse for TB clearance cannot be corrected. CG #4 Proof of positive/negative TB skin test obtained	12-5-17 12-20-17	I have a list of requirements to update before due date. Document kept in home binder from now on.

Primary Caregiver's Signature: Marites Anacleto

Print Name: MARITES ANACLETO

Date of Signature: 12-20-17