

Foster Family Home - Corrective Action Report

Provider ID: 1-090111

Home Name: Adora Harada, CNA

Review ID: 1-090111-9

2818 Koaniani Way

Reviewer: Carrie Wakai

Honolulu HI 96822

Begin Date: 2/28/2018

End Date: 2/28/2018

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 person CCFH recertification survey. A corrective action report was issued during the visit with a corrective action plan due to CTA by 3/28/18.

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 TB clearance present for CG #2 in 2017.

Carrie Wakai RN
Compliance Manager
Adora g Harada
Primary Care Giver

2/28/18
Date
2/28/18
Date

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

CCFFH Name: Adora G. Harada

CCFFH Address: 2818 Kuaniani way Honolulu HI 96822

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
4167(7)	TB clearance lapsed and can not correct. TB Clearance 2018 is in the record	2/28/18	I will put in my calendar to make appointment for TB skin test 2 weeks before due date. I remind my case gaur

Primary Caregiver's Signature: Adora G. Harada

Print Name: Adora G. Harada

Date of Signature: 2/28/18