

# Foster Family Home - Corrective Action Report

Provider ID: 1-512857

Home Name: Asena Moala, CNA

Review ID: 1-512857-6

1929 Wilder Avenue

Reviewer: David Ayling

Honolulu HI 96822

Begin Date: 2/20/2018

End Date: 2/25/18

## 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 3 person CCFFH recertification review made on 2/20/18. Corrective Action Report issued during home visit with all items due to CTA by 3/20/18.

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 #3(expired on 12/1/17).

David Ayling  
Compliance Manager

2/20/18  
Date

Asena Moala  
Primary Care Giver

2/20/18  
Date

41.(b)(7) - I have received a current TB clearance from CG#3 and placed in my CTA binder.

I have placed the TB expiration dates for all CG's on my calendar.  
I will check it every month.

Arena Moala 2/25/2018