

Foster Family Home - Corrective Action Report

Provider ID: 1-180093

Home Name: Fara Jane Flor-Baptista NA

Review ID: 1-180093-1

94-1007 Hiapo Street

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 2/26/2018

End Date: 3/7/2018

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6 (d)(1) The NEW Home visit made for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA on 3/12/2018.

Foster Family Home


Personnel and Staffing

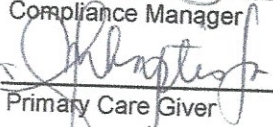
[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) TB Clearance Screening done on 1/11/2018 and no proof of +/- TB Skin Test or Chest X-Ray in the home for CG#3.


Compliance Manager


Primary Care Giver

2/28/2018
Date

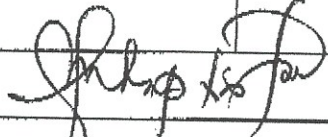
2/26/2018
Date

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

CCFFH Name: FARA JANE FLOR-BAPTISTA

CCFFH Address: 94-10017 HIAPU ST. NAIPAHU, HI. 96707

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7)	TB CLEARANCE RESULT NOT RECEIVED FROM CG#3	3/3/18	TB CLEARANCE RESULTS NOT RECEIVED BY CG#3. HOME REMOVED CG#3 AND ADDED A MORE RELIABLE CG WHO HAS GIVEN THE HOME ALL REQUIRED DOCUMENT

Primary Caregiver's Signature: 

Print Name: FARA JANE FLOR-BAPTISTA Date of Signature: 3/3/18