

Foster Family Home - Corrective Action Report

Provider ID: 1-150028

Home Name: Analyn Perez, NA

Review ID: 1-150028-4

94-150 Kupuohi Pl.

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 3/16/2018

End Date: 4/1/2018

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 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 4/16/2018.

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) Lapse on TB Clearance due 5/4/17 on/before done was done 3/12/18 for CG#2.



Compliance Manager



Primary Care Giver

3/16/2018
Date

3/16/2018
Date

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

CCFFH Name: PEREZ ADULT FOSTER HOME
 CCFFH Address: 94-150 KUPUHII PLACE, WAIPIAHU HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7)	LAPSES CANNOT BE UNDONE.	3/16/18	I UNDERSTAND TB CLEARANCE NEEDS TO BE DONE EVERY YEAR. I POSTED A REMINDER ON THE CALENDAR BY THE DINING AREA, FOR THE DUE DATES. I WILL REMIND CG#2 TO RENEW BEFORE THE DUE DATE

Primary Caregiver's Signature: Analyyn P. Perez

Print Name: ANALYN P. PEREZ

Date of Signature: 3/16/2018