

# Foster Family Home - Corrective Action Report

Provider ID: 1-170071

Home Name: Cristina Dooney

94-460 Pilimai street

Waipahu

HI 96797

Review ID: 1-170071-1

Reviewer: Carrie Wakai

Begin Date: 12/11/2017

End Date: 12/22/2017

## 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 new 2 person CCFFH and change of PCG certification survey. A Corrective action report was issued during the visit with a corrective action plan due to CTA by 1/11/2018.

## 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)-CG#4 has a TB screening form but does not have proof of a positive ppd skin test and/or chest x-ray results.

Carrie Wakai  
Compliance Manager

12/11/17  
Date

Colony  
Primary Care Giver

12/11/17  
Date

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

CCFFH Name: CRISTINA DOONEY

CCFFH Address: 94-460 PILIMAI ST. WAIKAPU HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.7	TB clearance was obtained for CB #4 - It was placed into home record.	12/19/17	Make a calendar for the TB clearance due dates. For all of my caregivers. I will remind them 1 month before the expired date.

Primary Caregiver's Signature: *Cristina Dooney*

Print Name: CRISTINA DOONEY

Date of Signature: 12/11/17