

Foster Family Home - Corrective Action Report

Provider ID: 2-595861

Home Name: Lorylin Mirasol, CNA

1397 Kuulei Street

Hilo HI 96720

Review ID: 2-595861-5

Reviewer: Carol Copeland

Begin Date: 6/20/2018

End Date: 7/17/18

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 survey performed to recertify three client home. Home not in compliance on day of survey. Corrective action report issued with plan of correction due to CTA by 7/20/18.

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 current tb clearance in home binder for caregivers 1 and 4.


Compliance Manager

6-20-18
Date


Primary Care Giver

6-20-18
Date

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

CCFH Name: Lorylin Mirasol
CCFH Address: 1397 Kuulei Street
Hilo, HI 96720

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.6(b)(7)	TB CLEARANCE PUT IN HOME BINDER FOR CAREGIVER 1+4	6/21/18	will ask copy ahead of time. A MONTH AHEAD BEFORE THE EXPIRATION DATE.

Primary Caregiver's Signature: Lorylin Mirasol

Print Name: LOR-LIN MIRASOL

Date of Signature: 6/20/18