

# Foster Family Home - Corrective Action Report

Provider ID: 1-180021

Home Name: Mary Ann Tungpalan Corpuz,  
CNA

Review ID: 1-180021-1

74 A Walker Avenue

Reviewer: Carrie Wakai

Wahiawa HI 96786

Begin Date: 6/11/2018

End Date: 6/18/2018

## 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 new 2 bed CCFFH certification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 7/11/2018.

## Foster Family Home Personnel and Staffing [17-1454-41]

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41(b)(7)-No proof of positive Tuberculin skin test/neg. CXR for CG#2, although a recent TB screening form was completed.

41(b)(8)-No CPR, First-Aid and Blood borne pathogen training present for CG#3 in home's folder.

Carrie Wakai  
Compliance Manager

Mary Ann Corpuz  
Primary Care Giver

6-14-2018  
Date

6/11/18  
Date

