

Foster Family Home - Corrective Action Report

Provider ID: 1-180087

Home Name: Karen Lim, NA

Review ID: 1-180087-1

94-242 Pupukoa Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 1/2/2019

Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

Home visit for a 2 person new CCFFH certification review made on 1/2/19. Corrective Action Report issued during home visit with all items due to CTA by 2/2/19.

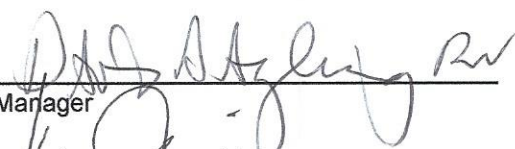
6.(d)(1) - see applicable sections of the review

Foster Family Home **Personnel and Staffing** **[11-800-41]**

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

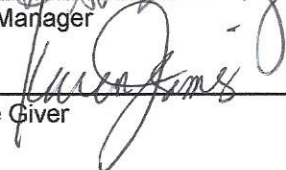
Comment:

41.(b)(7) - No current TB clearance for CG #2. Expired on 10/16/18.



Compliance Manager

1/2/19
Date



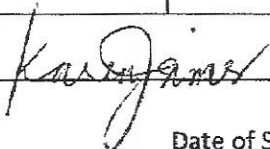
Primary Care Giver

1/2/19
Date

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

CCFFH Name: Karen O. Lim / Blessed Ohana Care LLC
 CCFFH Address: 94-242 Pupukoa St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7)	I received a current TB clearance for CG # 2 and placed it in my CTA binder.	1/3/19	I have placed the expiration dates for TB clearances for all Caregivers and HHM's on my cellphone calendar. I set the reminder for 1 month prior to expiration.

Primary Caregiver's Signature: 
 Print Name: Karen O. Lim Date of Signature: 1/3/19