

Foster Family Home - Corrective Action Report

Provider ID: 1-559354

Home Name: Fe Sabalboro

Review ID: 1-559354-1

91-1429 Maliko St

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 7/15/2019

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

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

Comment:

Home inspection for a new 2 person CCFFH recertification made on 7/15/19. Corrective Action Report issued during home inspection with all items due to CTA by 8/15/19.

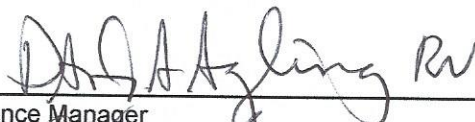
6.(d)(1) - see applicable sections of the review

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

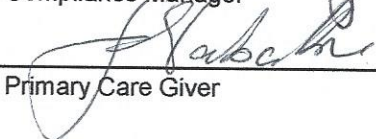
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) - No current TB clearance for CG #1.



Compliance Manager



Primary Care Giver

7/15/19
Date

7/15/19
Date

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

CCFFH Name: Jo Bobalbo
 CCFFH Address: 91-1429 Maliko St. Ewa Beach # 96906

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(7)	I obtained a current TB clearance from CG #1 and placed in my CCFFH binder	7/16/19	I placed the expiration dates for TB Clearance for all CG on calendar. I set the reminder for 2 weeks prior to expiration.

Primary Caregiver's Signature: Jo Bobalbo
 Print Name: Jo Bobalbo Date of Signature: 7/16/19