

Foster Family Home - Corrective Action Report

Provider ID: 2-210016

Home Name: Rosejean Villahermoza, CNA

Review ID: 2-210016-1

29 W. Naauao Place

Reviewer: Terri Van Houten

Hilo HI 96720

Begin Date: 5/25/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Report issued during home inspection with written plan of correction due to CTA by 6/25/2021.



60 day deadline for application approval is 7/17/2021

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) - CG#2 did not have a current TB clearance.


Compliance Manager

Primary Care Giver

5/25/21
Date
5/23/21
Date

CTA RN Compliance Manager: Terr Van Houten RNCommunity Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800PCG's Name on CCFFH Certificate: Rosejean VillahermosaCCFFH Address: 29 W. Naauao St. Hilo, HI 96720
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.b.7	2021 TB clearance was obtained for CG #2 [REDACTED]. It was placed into home record	5/31/21	Home will make a flow-sheet with all caregivers requirements to prevent them from expiring

☒ All items that were fixed are attached to this CAPPCG's Signature: Rosejean VillahermosaDate: 5/31/21☒ CTA has reviewed all corrected items