

# Foster Family Home - Corrective Action Report

Provider ID: 1-090105

Home Name: Florence Gaygay, CNA

Review ID: 1-090105-4

1139 Ukana Street

Reviewer:

Honolulu HI 96818

Begin Date: 4/29/2015

End Date: 5/4/15

## Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit for recertification of 3 bed home on 4/29/15. A corrective action report was issued during visit. Items are due to CTA by 5/29/15.

6.(d)(1) Refer to appropriate sections of this review.

## Foster Family Home Reporting Changes [17-1454-10]

10.(4) In the household composition or structure of the home; and

Comment:

10.(4) CTA was not notified of 2 household members (#1&2) moving out of home and one moving in (#3).

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

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41.(h) No record of removal of CG #2 & #6.

## 3 Person Fire Safety, 3 Person Fire Safety [17-1454-45] (3P) Natural Disaster

45.(3P)(b)(6) shall include all SCGs at least once per year

Comment:

45.(3P)(b)(6) No record of CG #4 participating in fire drill for past year.

*[Redacted signature area]*

Florence Gaygay  
Primary Care Giver

4/29/15  
Date

4/29/15  
Date



Corrective Action Plan: Florance Gaygay

10.(4) I made new disclosure form for CTA with the changes in household members. I am now aware of rule.

41.(h) SCG charge forms faxed to CTA removing substitute caregivers not using. I know to do this in the future.

45. (3P(b) (6) C64 did a fire drill on 4/5/15 and report faxed to CTA. A list will be kept in binder to make sure all SCG's do a fire drill every year.

Florance Gaygay