

Foster Family Home - Corrective Action Report

Provider ID: 1-100054

Home Name: Gloria Agtang, CNA

Review ID: 1-100054-4

1043 Puolo Drive

Reviewer:

Honolulu HI 96818

Begin Date: 4/23/2015

End Date: 5/8/15

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

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

Comment:

Home visit for a 3 person recertification review made on 4/23/15.
Corrective Action Report issued during home visit with all items due to CTA by 5/23/15.

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

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) - No 2nd year APS/CAN done for CG #1, #2, and #4.

Compliance Manager

Gloria J. Agtang

Primary Care Giver

M

Date

4/23/15

Date

4/23/15

Date

7.1.(a)(2) - No 2nd year APS/CAN done for CG #1, #2, and #4.

Good Day,

Community Ties of America, Inc.

ATTN:

RN, Compliance Manager

Subject:

① APS/CAN FOR CG #1, #2 and #4
sent to CTA on May 08, 2015.

* I will place all items with expiration
dates (APS/CAN, CPR, TB) on
my iPhone.

Thank you,

Compliance Manager

Flora H. Agtang

Primary Care Giver

Date

05-08-15

Date

4/23/2015 18:56 PM