

Subject: Corrective action plan  
Date: July 27, 2015 at 1:26 PM

Print 2

## Foster Family Home - Corrective Action Report

**Provider ID:** 1-560393  
**Home Name:** Madeline Sagun, CNA  
91-1000 Aeaee Street  
Ewa Beach HI 96706  
**Review ID:** 1-560393-3  
**Reviewer:**  
**Begin Date:** 7/27/2015  
**End Date:** 8/31/15

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

6.1(d)(1) Comply with all applicable requirements in this chapter and

Comment

Home visit for a 3 person recertification review made on 7/27/15  
Corrective Action Report issued during home visit with a written plan of correction due to CTA by 8/27/15.

6.1(d)(1) - see applicable sections of the review

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

7.1(a)(1) Be subject to criminal history record checks in accordance with section 646-2.7 -RS

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)(1) CG#1 APS/CAN due on or before 08/09/14 completed on 10/31/14. CG#2 APS/CAN due on or before 08/09/14 completed on 10/08/14. CG#3 APS/CAN due on or before 08/10/14 completed on 10/09/14.

7.1(a)(1) CG#4 only 1 finger print on file

7.1(a)(2) CG#1 state name check due on or before 07/17/14 completed on 10/10/14. CG#2 state name check due on or before 02/09/14 completed on 10/02/14. CG#3 state name check due on or before 07/17/14 completed on 10/02/14.

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

41(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN and

41(a) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment

41(a)(3) CG#3 no job experience form

41(a) CG#3 no CTA approval form

Compliance Manager



Primary Care Giver

Date

7/27/15

Date

7/27/15

## Written Plan of Correction

August 20, 2015

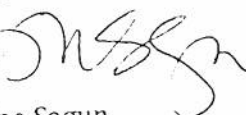
7.1.(a)(1) CG # 1, 2, 3 APS/CAN current, will place on calendar 30 days before due so not late again.

7.1.(a)(1) CG # 4 obtained 2<sup>nd</sup> fingerprint, current, completed later, will make sure 2 fingerprints are done 2 consecutive years for new caregivers.

7.1.(a)(2) CG #1, 2, 3 state name check current, completed later, will place on calendar 30 days before due so not late again.

41.(a)(3) CG # 3 job experience form obtained and filed in binder, will make sure job experience form are filed for new caregivers.

41.(e) CG #3 CTA approval form obtained from CTA and filed in binder, Will make sure approval form is completed and filed for new caregivers.

Signed:  8/20/15

Madeline Sagun  
91-1000 Ae'ae Street  
Ewa Beach, HI 96706