

Foster Family Home - Corrective Action Report

Provider ID: 1-150064

Home Name: Wilna Madayag, NA

94-110 Kaupu Pl.

Waipahu

HI 96797

Review ID: 1-150064-1

Reviewer:

Begin Date: 10/27/2015

End Date: 11/3/2015

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

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

Comment:

6 (d)(1) The NEW Home visit made on 10/27/2015 for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA on 11/10/2015.

6 (d)(1) see applicable sections of this review.

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

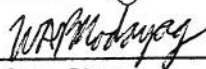
41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

Comment:

41.(b)(4) CG#2 Disclosure form not present in the home.

A large, repeating watermark of the word "SECURITY" is oriented vertically across the signature area.

Compliance Manager

Handwritten signature of Wilna Madayag in black ink.

Primary Care Giver

10/27/2015

Date

10/27/2015

Date

Written Plan of Action

October 30, 2015

41.(b)(4) CG#2's disclosure form is in the home binder. The home will ensure that this will not happen again as we will keep it in the binder at all times.



Wilna Madayag
94-110 Kaupu Place
Waipahu , Hawaii 96797

