

Foster Family Home - Corrective Action Report

Provider ID: 1-130031

Home Name: Dina Agngarayngay, RN

Review ID: 1-130031-3

94-331 Pupukupa Street

Reviewer: [REDACTED]

Waipahu

HI 96797

Begin Date: 1/28/2015

End Date: 2/3/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

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

Home visit made for 2 bed applying for 3 bed recertification on 1/28/15. Corrective action report issued during visit with items due to CTA by 2/27/15. Requirements met on 2/3/15

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(f)(2) Background checks

Comment:

41.(f)(2) HHM #1 missing 2014 APS/CAN clearance.

Response:

41.f.2 - Sent updated APS/CAN clearance for household member to CTA.

- I understand that 2 consecutive reports needed before going to every other year

[REDACTED]
Compliance Manager

Dina Agngarayngay
Primary Care Giver

1/28/15
Date

2/3/15
Date