

Foster Family Home - Corrective Action Report

Provider ID: 1-510455

Home Name: Erma Tagaca, CNA

Review ID: 1-510455-3

1825 Ashford Street

Reviewer:

Honolulu HI 96819

Begin Date: 11/5/2015

End Date: 11/5/15

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 11/5/15. Corrective Action Report issued during home visit with all items due to CTA by 12/5/15.

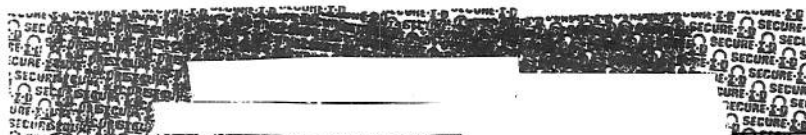
6.(d)(1) - see applicable sections of the review

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) - Second year APS/CAN not done until 5/1/15 for all CG's and HHM's (First year APS/CAN done on 11/26/13).



Compliance Manager

Erma V Tagaca
Primary Care Giver

11/5/15
Date

11/5/15
Date

7.1.(a)(2) - showed CTA current APS/CAN
for all CG's + HHM's on the day
of my recertification (11/5/15).
I now understand the 2 year
in a row rule.

I have placed all items and
expiration dates on my
bulletin board and look at
it everyday.

Luma V. Jagaca
11/5/2015