

Foster Family Home - Corrective Action Report

Provider ID: 2-000040

Home Name: Jeogy Pagtama, CNA

Review ID: 2-000040-4

15-1713 29th Poni Moi Street

Reviewer:

Keaau HI 96749

Begin Date: 5/12/2015

End Date:

6/11/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit made on 5/12/15 to survey for recertification. Home not in compliance on day of review. PCG to submit out of compliance items to CTA within 30 days of this survey.

All documentation received. Home to be recertified for one year for two clients.

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS. Documentation needed for PCG, HHM and SCG # 1.

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) TB clearance needed for HHM and SGC # 1.



Compliance Manager

Date

Primary Care Giver

Date

5/12/15

To whom it may concern,

My CCFH was survey today and I had the following discrepancies:

- ① 7-1-a-1 fieldprint for PCG, HHM and SCG #1.
- ② 41-b-7 T.B for HHM and SCG #1

The reason that I don't have in the book is because I don't have no client, to keep these happening again I will write them and check it every month.

Jessy Pafel