Foster Family Home - Corrective Action Report

1-160097-1

Review ID:

Provider ID:

Home Name:

1-160097

Lea Daguro, CNA

	Reviewer:		1	
96701	Begin Date:	1/31/2017	End Date:	2/26/2017
Required Certificate			[17-1454-6]	
all applicable requireme	ents in this cha	epter: and		
************			***********	
/2017 for a 2-client ce CTA on 3/2/2017.	ertification.	Corrective ac	tion issued duri	ng the new home visit with
ackground Checks		ī	17-1454-7.1]	
criminal history record	checks in acc	ordance with s	section 846-27 H	IDC.
*************	*********			
s missing on CG#1 &	CG#2.			
hysical Environmen	t	ſ	17-1454-48]	
bath and toilet rooms us	ed by the clie	nt, as appropr	iate:	
				er in appropriate locations; and
		••••••		· · · · · · · · · · · · · · · · · · ·
Manager Av re Giver			Date OI/O Date	91/-17 1/31/2017 19:17 PM
2	AN	4 AV	1 - AN	Av Oil

Lea Daguro

p.2

Written plan of Correction

- 48 (a) (1): Installed grab back and provided shower chair 48 (a) (2) in the both area. Keeping these safety tooks in the both area to maintain scafety.
- 48 (a) (5): purchased a new fire extinguisher and place if in the kitchen area and have it checked annually.
- 7.1 (9) (1): Fingerprinting obtained on 02/09/17 for both CG#1 and CG#2. Understanding the code in doing the fingerprinting to prevent mistake in doing it.

Lea Daguro 98-111 Lania Way, Aiea 41 96701