

Foster Family Home - Corrective Action Report

Provider ID: 1-160074

Home Name: Analyn Kagimoto, CNA

Review ID: 1-160074-2

3737 Waialae Ave

Reviewer: David Ayling

Honolulu

HI 96816

Begin Date: 8/4/2017

End Date:

8/7/17

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 2 person CCFFH recertification review made on 8/4/17. Corrective Action Report issued during home visit with all items due to CTA by 9/4/17.

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

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;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

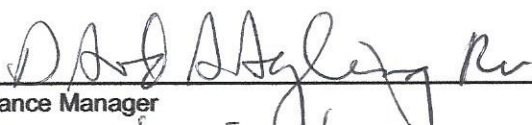
7.1.(a)(1),(2) - Second year APS/CAN and fingerprints not done until 6/8/17 for CG #1(expired on 2/5/17).

Foster Family Home Insurance Requirements [17-1454-49]

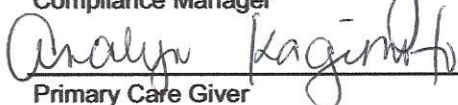
49.(a)(1) General;

Comment:

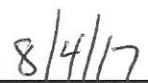
49.(a)(1) - No current General Liability insurance present.



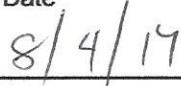
Compliance Manager



Primary Care Giver



Date



Date

7.1. (a)(1)(2) I showed CTA my 2nd year APS / CAN and fingerprints and will get them done on time from now on for all caregivers.

49 (a)(1) I obtained a copy of my current General Liability insurance and placed it in my CTA binder.

I have made a list of all items with their expiration dates (CPR, TB APS / CAN) and placed it in my CTA binder. I will review it monthly.

Analyn Kagimoto / 8/7/17
ANALYN KAGIMOTO
Foster Home Operator