

Foster Family Home - Corrective Action Report

Provider ID: 1-614984

Home Name: Gina Cacayan, CNA

Review ID: 1-614984-5

94-1059 Lumi St.

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 8/25/2017

End Date:

8/26/2017

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit made for a 3 bed recertification requested to decrease to 2 bed. Corrective action report issued during home visit with corrective action plan due to CTA on 9/25/2017.

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

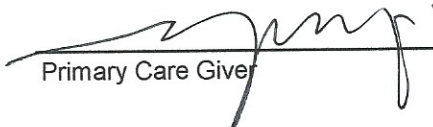
Comment:

7.1.(a)(1) CG#3 lapsed on eCrim due on 3/12/16 and was done 4/1/186.

7.1.(a)(2) CG#1, CG#2, and CG#3 lapsed on Adult Protective Services/Child Abuse Neglect (APS/CAN) due on 3/5/16 and was done 3/10/16.



Compliance Manager



Primary Care Giver

8/25/2017

Date

8/25/17

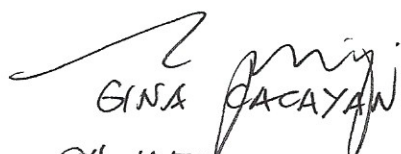
Date

WRITTEN PLAN OF CORRECTION

8/26/17

- 7.1(a)(1) CG #3 will not lapse in ECRIM and
7.1(a)(2) CG #1, CG #2 and CG #3 will not lapse
in APS/CAN

The above cannot be fixed but will prevent from happening again for next time by using a calendar posted on the refrigerator door.


GINA JACAYAN
94-1059 LUMI CT
Waipahu HI 96797