

Foster Family Home - Corrective Action Report

Provider ID: 1-561101

Home Name: Shirly Layugan, CNA

315 North Circle Makai Street

Wahiawa HI 96786

Review ID: 1-561101-4

Reviewer: Sue Lo

Begin Date: 1/8/2018

End Date: 2/6/2018

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6(d)(1) 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 2/08/2018.

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) Lapsed on eCrim due on/before 9/8/16 was done on 9/29/16 for CG#1, CG#2, CG#4 and CG#5.

7.1.(a)(2) Lapsed on Adult Protective Services/Child Abuse Neglect checks due on/before 4/1/16 was done on 7/27/16 for CG#1; due on/before 4/1/16 was done on 8/23/16 for CG#2; due on/before 4/1/16 was done 28/26 for CG#3; due on/before 4/1/16 was done on 11/11/16 for CG#4; and due on/before 4/1/16 was done on 11/2/16 for CG#5.


Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) CPR expired 11/19/17 no current CPR training present in the home for CG#1 and CG#2.

Lapsed on CPR due on/before 5/21/17 was done on 6/11/19 for CG#3.



Compliance Manager



Primary Care Giver

1/5/2018
Date

01-08-2018
Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: Shirley Layugan
 CCFFH Address: 315 N. Circle Makai St. Wahiawa HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(1) 7.1(a)(2) 41.(b)(8)	Lapse can not be corrected	01/08/18	Home understand the background checks + CPR, etc all requirements are important. To prevent future lapses I will write on my calendar before it expires in my iphone.
41.(b)(8)	CG #1 + CG #2 completed CPR Training	01/12/18	From now on will use calendar on my iphone to remind before it expires.

Primary Caregiver's Signature: *Shirley Layugan*

Print Name: SHIRLEY G. LAYUGAN Date of Signature: 02/4/18