

Foster Family Home - Corrective Action Report

Provider ID: 1-110083

Home Name: Agnes Goya, CNA

Review ID: 1-110083-7

91-1019 Pailani Street

Reviewer: Sue Lo

Ewa Beach HI 96706

Begin Date: 3/20/2018

End Date: 3/23/2018

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. Corrective action report issued during home visit with corrective action plan due to CTA on 4/20/2018

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

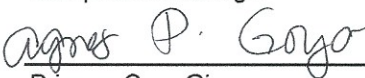
49.(a)(1) General;

Comment:

49.(a)(1) Liability Insurance for CG#4 and CG#5 not present in the home.



Compliance Manager



Primary Care Giver

3/20/2018
Date

3/20/2018
Date

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

CCFFH Name: Agnes Goya Foster Home

CCFFH Address: 91-1019 Pailani St. Ewa Beach HI- 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
49(a)(6)	CG #4 & CG #5 has liability insurance. with CG's name we ^{Recorded} Recorded in the Liability insurance.	3/21/2018	Home understand that all Liability insurance Must be for all CG's Home put a Reminder in My office bulletin board to remind PCCG to add all New CG's to the liability insurance

Primary Caregiver's Signature: Agnes P. Goya

Print Name: Agnes P. Goya

Date of Signature: 31^{21st} 2018