

# Foster Family Home - Corrective Action Report

Provider ID: 1-563199

Home Name: Carolyn Duquez, CNA

Review ID: 1-563199-6

94-940 Kuhaulua Street

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 4/19/2018

End Date: 4/24/2018

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**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 5/19/2018.

**3 Person Staffing      3 Person Staffing Requirements      [17-1454-41] (3P)**


41.(3P)(b)(2) Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide.

Comment:

41.(3P)(b)(2) Sign out log incorrectly completed.

  
\_\_\_\_\_  
Compliance Manager

4/19/2018  
Date

  
\_\_\_\_\_  
Primary Care Giver

4/19/18  
Date

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

CCFFH Name: Carolyn S. Duquez  
 CCFFH Address: 94-940 Kūhānua St., Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41. (3P) (b)(2)	Sign out sheet done correctly.	4/20/18	I understand <del>that</del> now about sign out sheet that the SCG come to my Home 15 min. early to sign in. She will receive report from PCG then PCG will sign out after report given. SCG will give report to PCG when PCG comes home and PCG will sign in while SCG will sign out 15 min. later.

Primary Caregiver's Signature: Carolyn S. Duquez

Print Name: CAROLYN S. DUQUEZ

Date of Signature: 4/20/18