

# Foster Family Home - Corrective Action Report

Provider ID: 1-150064

Home Name: Wilna Madayag, CNA

Review ID: 1-150064-4

94-110 Kaupu Place

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 8/15/2018

End Date: 8/16/18

## 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 3 person CCFFH recertification review made on 8/15/18. Corrective Action Report issued during home visit with all items due to CTA by 9/15/18.

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


## Foster Family Home Background Checks [17-1454-7.1]

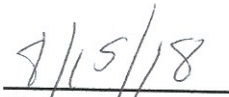
7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) - eCrim lapsed for CG#2: was due on/before 2/01/2018, no current eCrim present.

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

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

  
\_\_\_\_\_  
Date

8/15/18  
\_\_\_\_\_  
Date

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

CCFFH Name: **Wilna Madayag, CNA**

CCFFH Address: **94-110 Kaupu Place Waipahu, Hawaii 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1. (a) (1)	eCrim lapsed for CG#2; was due on 02/01/2018, no eCrim present. eCrim for CG#2 was obtained on 08/15/2018 and placed in home binder.	8/15/2018	Home understands the importance of background check requirements. Home will use a reminder note 30days before the expiration and place on the front of the binder to make sure requirements are renewed in a timely manner.

Primary Caregiver's Signature: Wilna Madayag

Print Name: Wilna Madayag

Date of Signature: 8/23/18