Foster Family Home - Corrective Action Report

Provider ID: **1-562985**

Home Name: **Elizabeth Ilagan, CNA**

94-1210 Keahua Loop

Waipahu HI 96797

Review ID: **1-562985-5**

Reviewer: David Ayling

Begin Date: 9/26/2018 End Date: 9/27/18

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 2 person CCFFH recertification review made on 9/26/18. Corrective Action Report issued during home visit with all items due to CTA by 10/26/18.

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

Foster Family Home **Records** **[17-1454-52]**

52.(c)(1) Client's vital information;

Comment:

52.(c)(1) - No face sheet present for client #2.

David A Ayling PM

Compliance Manager

9/26/18

Date

Elizabeth LaRosa Ilagan

Primary Care Giver

9/26/18

Date

9/26/2018 20:59 PM

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

CCFFH Name: Elizabeth Ilagan CCFFH

CCFFH Address: 94-1210 Keahua Loop, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
52.(c)(1)	I have received a face information sheet for client #2 from CMA #1. I hav e placed it in the client #2's chart.	9/27/18	I will always check the client's chart when I admit the client to make sure the face sheet is there.

Primary Caregiver's Signature: Elizabeth Ilagan

Print Name: ELIZABETH L. ILAGAN Date of Signature: 9/27/2018