

# Foster Family Home - Corrective Action Report

Provider ID: 1-563272

Home Name: Elsie Labayog, RN

Review ID: 1-563272-5

94-1405 Waipahu Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/5/2018

End Date: 10/9/18

## 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 10/5/18. PCG currently has no clients. Corrective Action Report issued during home visit with all items due to CTA by 11/5/18.

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

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

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)(2) - No current APS/CAN for CG #3. Expired on 11/14/17.

David Ayling RN  
Compliance Manager

10/5/18  
Date

Elsie M. Labayog  
Primary Care Giver

10/5/18  
Date

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

CCFFH Name: ELSIE M. LABAYOG (GERES FOSTER HOME)

CCFFH Address: 94-1405 Waipahu Pt.  
 Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(9)(2)	I have received a current APS/CAN from CC # 3 and placed in my CTA binder.	10/9/18	I have written a list containing the expiration dates for APS/CAN for all caregivers. I placed it in the front of my CTA binder. I will review it monthly.

Primary Caregiver's Signature: Elsie M. Labayog

Print Name: ELSIE M. LABAYOG

Date of Signature: 10/9/18