

Foster Family Home - Corrective Action Report

Provider ID: 1-170051

Home Name: Angelita Takahashi, CNA

Review ID: 1-170051-2

94-706 Kalae Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 10/22/2018

End Date:

10/31/18

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 10/22/18. PCG requesting to increase to 3 bed CCFFH. Corrective Action Report issued during home visit with all items due to CTA by 11/22/18.

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)-APS/CAN checks lapsed for CG#1: was due on/before 4/20/2018, done on 4/26/2018.



Compliance Manager



Primary Care Giver

10/22/18

Date

10/22/18

Date

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

CCFFH Name: **Angelita Takahashi**
 CCFFH Address: **94-706 Kalae St. Waipahu Hawaii 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(2)	APS/CAN Lapsed for PCG#1 was due on/before 4/20/2018, done on 4/26/2018. It was place the form in the home administrative binder.	10/22/18	Will be aware to update requirements on time next time. I understand, It is important to checks requirements on a timely manner for the due dates to prevent any future lapses. I will put it on my Calendar 2 weeks before the due dates, to remind my self.

Primary Caregiver's Signature: *Angelita*

Print Name: Angelita Takahashi

Date of Signature: 10/24/18