

Foster Family Home - Corrective Action Report

Provider ID: 1-510455

Home Name: Erma Tagaca, CNA

Review ID: 1-510455-6

1825 Ashford Street

Reviewer: Angelica Galindo

Honolulu HI 96819

Begin Date: 11/15/2018

End Date: 11/23/18

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 11/15/18. Corrective Action Report issued during home visit with all items due to CTA by 12/15/18.

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#1 and CG#2: was due on/before 8/12/2018 for CG#1 and CG#2 was due on/before 7/07/2018, both done on 11/13/2018.

AA Galindo, RN
Compliance Manager

Erma Tagaca
Primary Care Giver

11/15/18
Date

11/15/18
Date

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

CCFFH Name: ^{Erma} Tagaca Foster Home
 CCFFH Address: 1825 Ashford St. Honolulu, Hawaii 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.a.2	Lapse cannot be corrected. For CG#1 + CG#2 ecim was done 11/13/18. Home placed the forms in the home binder.	11/16/18	I understand that ecim check is one of Foster Home requirements. My home will use calendar on my Samsung phone to input all due dates 30 days prior to prevent any future lapses.

Primary Caregiver's Signature: Erma Tagaca

Print Name: ERMA TAGACA

Date of Signature: 11/16/2018

TO: Angelica Galindo, RN
 Compliance Manager
 CTA