

Foster Family Home - Corrective Action Report

Provider ID: 1-510455

Home Name: Erma Tagaca, CNA

Review ID: 1-510455-5

1825 Ashford Street

Reviewer: Carrie Wakai

Honolulu HI 96819

Begin Date: 11/15/2017

End Date: 11/15/2017

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for a 3 client CCFFH recertification survey. A Corrective action report was issued during the visit with all required items due to CTA by 12/15/2017.

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 lapsed on CG#1, CG#5 and HHM#2, results were due on or before 5/1/17, was done on 5/9/17.

Carrie Wakai RN
Compliance Manager

11-15-17
Date

Erma Tagaca
Primary Care Giver

11/15/2017
Date

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

CCFFH Name:
 CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.a.2	the lapse on CG #1 CG #5 + HHM #2 cannot be corrected.	11/15/2017	I will do it earlier a month ahead so that it will not be lapse.

Primary Caregiver's Signature: Erma Tagaca

Print Name: Erma Tagaca

Date of Signature: 11/15/2017