

Foster Family Home - Corrective Action Report

Provider ID: 1-510174

Home Name: Pat Tangonan, CNA

Review ID: 1-510174-5

94-571-A Anaaina Place

Reviewer: Angelica Galindo

Waipahu

HI 96797

Begin Date: 11/19/2018

End Date:

12/06/18

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 11/19/18. Corrective Action Report issued during home visit with all items due to CTA by 12/19/18.

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

Foster Family Home

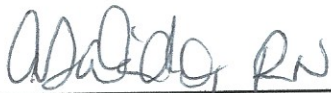
Background Checks

[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:

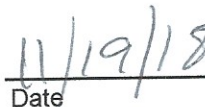
7.1.(a)(2) - APS/CAN lapsed for CG#4: was due on/before 11/4/2017, done on 7/19/2018.

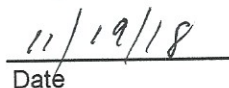


Compliance Manager



Primary Care Giver


Date


Date

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

CCFFH Name: Pat Tangonan, CNA
 CCFFH Address: 945 71AANAINA PLACE, WAIPAPAHU

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
71A2	Rule #71A2 Lapse can not be corrected but APS can for caregiver #4 done on 7-19-2018 and put in home binder.	11-19-18	Home will now use I phone alert on calendar 15 days are due to avoid it before all requirements are due to avoid any more lapses.

Primary Caregiver's Signature: Pat Tangonan

Print Name: PAT TANGONAN

Date of Signature: ~~7-19-18~~ ^{TT}
 11-19-18