

# Foster Family Home - Corrective Action Report

Provider ID: 1-170060

Home Name: Raquel Fagaragan

Review ID: 1-170060-1

94-385 Honowai Street

Reviewer: Carrie Wakai

Waipahu

HI 96797

Begin Date: 11/6/2017

End Date: 11/6/2017

## 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 new 2 client CCFFH certification survey. Corrective action report issued with a corrective action plan due to CTA by 11/20/2017.

## 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;

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.1- No fingerprinting present for HHM#1.

7.1.a.2- No APS/CAN present on HHM#1.

## Foster Family Home Personnel and Staffing [17-1454-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41(f)(1)-Screening form completed on HHM#1 and a negative ppd done 2015. No proof of a positive skin test in the home's folder.

Carrie Wakai M  
Compliance Manager

11-06-17  
Date

Fagaragan  
Primary Care Giver

11-06-17  
Date

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

CCFFH Name: **RAQUEL M FAGARAGAN**

CCFFH Address: **94-385 HONOWAI ST WAIPAHU, HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(1)	Fingerprint completed for HHM#1	11/9/17	So this doesn't happen again next year I will make sure that HHM#1 documents are all updated and also in compliance
7.1.(a)(2)	APS/CAN completed for HHM#1	11/9/17	I will be proactive and making sure that all paperwork is up to date and in compliance
41.(f)(1)	HHM#1 took TB test and results filed in folder	11/6/17	Will make sure that HHM#1 TB test is always updated and document is in compliance as well  For all the requirements I will keep track of all the dates in my date book

Primary Caregiver's Signature: 

Print Name: RAQUEL FAGARAGAN

Date of Signature: 11/16/17