

Foster Family Home - Corrective Action Report

Provider ID: 1-090098

Home Name: Raquel Lagpacan, CNA

Review ID: 1-090098-3

94-427 Kuahui Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 4/13/2017

End Date: 4/14/17

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 4/13/17. Corrective Action Report issued during home visit with all items due to CTA by 5/13/17.

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

3 Person Staffing

3 Person Staffing Requirements

[17-1454-41] (3P)

41.(3P)(a)(4) A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility.

Comment:

41.(3P)(a)(4) - Two approved SCG's are required for a 3 client CCFFH. Currently there is only one.

Compliance Manager

Primary Care Giver


Date

Date

41. (3P(a)(5))

I have added an approved SCG to my CCFH and place all paper work in my CTA binder.

I will always have a minimum of 2 Approved SCG in staff prior my CCFH as per the HAR.

 4-13-2017
Rachel Labraccio