

Foster Family Home - Corrective Action Report

Provider ID: 1-100079

Home Name: Regie Cacayorin, CNA

Review ID: 1-100079-5

94-109 Palai Place

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 5/30/2017

End Date: 6/1/2017

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 on 5/30/2017 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/30/2017.

6 (d)(1) see applicable sections of this 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) Two sets of finger printing documents not present in the home for CG#3.

Compliance Manager

Primary Care Giver

Date

Date


SL

MAY 31, 2017

WRITTEN PLAN OF CORRECTION
7.1.(a)(1)

CG#3 RECEIVED THE FINGERPRINTING ON
JANUARY 23, 2007.

PLAN TO PREVENT THIS FROM HAPPENING AGAIN
IN THE FUTURE, THE HOME WILL KEEP THE
FINGERPRINTING DOCUMENT IN THE BINDER
PERMANENTLY.


REGGIE CACAYONAN
94-109 PALAI PLACE
WAIPAHU, HI 96797