

# Foster Family Home - Corrective Action Report

Provider ID: 1-170024

Home Name: Rhegena Bagay, NA

94-1003 Kuakolu Pl

Waipahu

HI 96797

Review ID: 1-170024-1

Reviewer: Carrie Wakai

Begin Date: 5/24/2017

End Date: 6/07/17

## 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 bed certification survey. Corrective action report issued during home visit with corrective action plan due to CTA on 6/24/2017.

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41(b)(5)-Insufficient bodily injury auto insurance coverage(currently \$40,000) on designated drivers.

\_\_\_\_\_  
Compliance Manager

*R. Bagay*

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

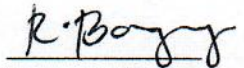
*05/24/2017*

\_\_\_\_\_  
Date

Corrective Action Plan

41(b)(5)

This is to inform you that my Auto Insurance Coverage has changed to 100,000 bodily injury liability/30,000 property damage coverage. The home will have a copy of continue insurance proper coverage amount in the folder.



Rhegena Bagay  
94-1003 Kuakolu Place  
Waipahu, HI 96797