

# Foster Family Home - Corrective Action Report

Provider ID: 1-616279

Home Name: Ligaya Bercasio, RN

Review ID: 1-616279-2

94-500 Alapine Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 2/13/2019

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:  
Home inspection for a 2 person CCFFH recertification made on 2/13/19. Corrective Action Report issued during home visit with all items due to CTA by 3/13/19.

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

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

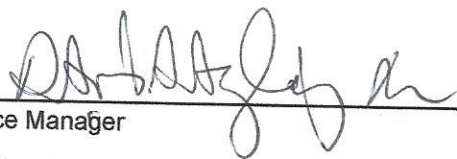
(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:  
(3P)(b)(2) Staff - Needs at least one CNA SCG.

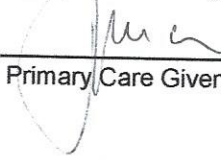
## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:  
(3P)(b)(6) Fire - All SCG's need to lead a fire drill at least once a year.

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

2/13/19  
Date

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

2/13/19  
Date

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

CCFFH Name: LIGAYA BERCASIO  
 CCFFH Address: 94-500 Alapine St.  
Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
(3P)(b)(6)	I scheduled all SCG's to lead a fire drill this month. I sent CTA a schedules	2/18/19	I know have a schedule for all SCG's to lead a fire drill once a year.
(3P)(b)(7)	I added a CNA-3 SCG to my CCFFH I put all of the SCG's paper works in my CCFFH binder	2/18/19	I will always have at least 1 CNA-3 as SCG.

Primary Caregiver's Signature: 

Print Name: LIGAYA BERCASIO

Date of Signature: 2/28/19