

Foster Family Home - Corrective Action Report

Provider ID: 1-170024

Home Name: Rhegena Bagay, NA

Review ID: 1-170024-3

94-1003 Kuakolu Place

Reviewer: Lisa Johnson

Waipahu HI 96797

Begin Date: 4/26/2019

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

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

Comment:

6.(d)(1) Home inspection for a 2 person CCFFH recertification made on 4/26/19. Corrective Action Report issued during home inspection with all items due to CTA by 5/26/19. PCG requests to increase to a 3 client CCFFH.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.2 Lapse in APS/ CAN and fingerprints: CG#3 was due on or before 1/22/2019. APS/CAN and fingerprints were completed on 3/5/2019.

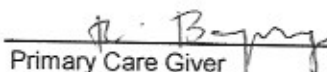
Foster Family Home Personnel and Staffing [11-800-41]

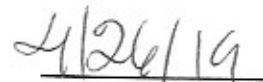
41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.c. In-service completed for CG#2 was 2 out of 8 hours in 2018. In-service completed for CG#3 was 5.5 out of 8 hours in 2018.


Compliance Manager


Primary Care Giver


Date

04/26/19
Date

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

CCFFH Name: Rhegena Bagay Foster Care Home
 CCFFH Address: 94-1003 Kuakolu Place, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(2)	I have rectified the lapse in APS/CAN and fingerprints for CG #3. I have placed them in my binder.	5/02/19	I will use the calendar app on my iPhone and input all due dates to prevent future lapses.
41.(c)	I have rectified the completed in-service training for CG #2 and Cg #3. I have placed them in my binder.	5/02/19	I will use the calendar app on my iPhone and input all due dates to make sure all in-service training from my CG's are completed.

Primary Caregiver's Signature: R. Bagay

Print Name: Rhegena Bagay

Date of Signature: 05/02/19