

Foster Family Home - Corrective Action Report

Provider ID: 1-561698

Home Name: Doreen Pagdilao, CNA

Review ID: 1-561698-11

94-1118 Hapapa Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 6/12/2019

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 3 person CCFFH recertification made on 6/12/19. Corrective Action Report issued during home inspection with all items due to CTA by 7/12/19.

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

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

8.(a)(1) - ecrim for HHM#1 lapsed: was due on/before 6/03/2018, done on 10/15/2018.

8.(a)(2) - APS/CAN lapsed for HHM#1: was due on/before 6/06/2018, done on 10/15/2018.

Angelica Galindo, RN
Compliance Manager

Doreen Pagdilao
Primary Care Giver

6/12/19
Date

6/12/19
Date

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

CCFFH Name: DOREEN PAGDILAO, CNA

CCFFH Address: 94-1118 HAPAPA ST. WAIKANA, HAWAII 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|---------------------|---------------------------|----------------|---|
| 8.(a)(1) 8(a)(2) | Lapse cannot be corrected | 10/15/18 | Home will now use alert on iPhone 30 days in advance to prevent any further lapses. |

Primary Caregiver's Signature: *Doreen Pagdilao*

Print Name: DOREEN PAGDILAO

Date of Signature: 06/13/19