

Foster Family Home - Corrective Action Report

Provider ID: 1-180010
Home Name: Hazel Layugan, CNA
425 Hoomalu Street
Pearl City HI 96782
Review ID: 1-180010-5
Reviewer: Jackie Chamberlain
Begin Date: 2/12/2020

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 made for a 2 bed re-certification. Corrective action report issued during home visit with corrective action plan due to CTA within 30 days of inspection

Home has met qualifications for a 3 client home and has applied for 3 client home

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) Caregiver # 3 lapse in last ECRIM 6/14/2017 (due 6/14/2019)

8.(a)(2) Caregiver # 4 is lapsed on APS / CAN due 2/07/2020 (for the 2 consecutive)

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

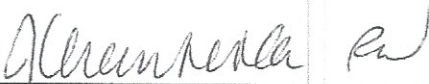
50.(a)no signature of emergency plan by CG #3 and #4

Foster Family Home Fiscal Requirements [11-800-52]

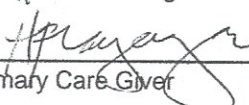
52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(c) Rental agreement does not include a statement of the home being used as a CCFFH



Compliance Manager



Primary Care Giver

2/12/2020
Date

2/12/2020
Date

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

CCFFH Name: Hazel Layugan
 CCFFH Address: 425 Hoomalu street Pearl City HI 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
§. a. 1	Lapsed cannot be corrected. ECRIM for CG#3 was done on 4/24/2020	2/24/20	Home understand the background check requirements. I will put on my phone to remind for future any lapse.
§. a. 2	APS/CAN for CG#3 lapsed on 2/7/2020 and was done on 2/24/2020	2/24/2020	Home will put a reminder on my computer to prevent any late requirements.
50. a	Signature of emergency plan was done by CG#3 and CG#4.	2/23/2020	Signature will be done 2 days after being asked.
52. c	Statement of the home being used as CCFFH was done and put it in the BINDER.	2/18/2020	Home understands the provider policies and procedure.

Primary Caregiver's Signature: 

Print Name: HAZEL LAYUGAN

Date of Signature: 2/24/2020