

Foster Family Home - Corrective Action Report

Provider ID: 1-560351

Home Name: Leonor Aglanao, CNA

94-475 Hamau Street

Waipahu HI 96797

Review ID: 1-560351-5

Reviewer: David Ayling

Begin Date: 2/24/2020

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

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

Comment:

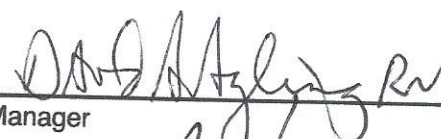
6.(d)(1) - Annual Home inspection for a 3 person CCFFH. Corrective Action Report issued during home inspection with all items due to CTA by 3/24/20.

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

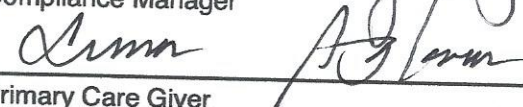
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - APS/CAN done on 10/9/19 for CG #5. Expired on 9/5/19.



Compliance Manager



Primary Care Giver

2/24/20
Date

2/24/20
Date

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

CCFFH Name: VEDNOR BEARNO'S FOSTER HOME

CCFFH Address: 94-475 HAMAN ST. WAIPAHU HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(A)(2)	I showed CTA a current APS/CAW for each of the day of the visit.	2/20/20	I put the report date on APS/CAW for all CG's in my 2 - phone calendar & set the reminder for 1 month prior to report date.

Primary Caregiver's Signature: Leona f/g/m

Print Name: VEDNOR BEARNO

Date of Signature: 2-20/20