

Foster Family Home - Corrective Action Report

Provider ID: 1-562612

Home Name: Lovelle Layugan-Flores, CNA

Review ID: 1-562612-8

98-530 Kaamilo Street

Reviewer: Julie Hastings

Aiea

HI 96701

Begin Date: 5/5/2020

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 inspection conducted for this 3 bed home.

-Corrective Action Report issued during home inspection with all written corrections due to CTA by 5/19/20.

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)

CG#4 APS/CAN lapsed. Was done 9/20/17. Was due on or before 9/20/19. Was done 1/15/20.

Compliance Manager

Primary Care Giver

Date

Date

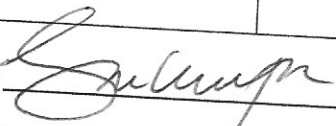
5/5/2020

5/5/20

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

CCFFH Name: LOVELLE LAYUGAN-FLORES
 CCFFH Address: 98-570 Kaimilo Ct, Aiea HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
802	Lapse cannot be corrected	5/5/20	Calendar reminder 3 months before due date. 7 Placed in binder

Primary Caregiver's Signature: 
 Print Name: LOVELLE LAYUGAN-FLORES Date of Signature: 5/5/20