

Foster Family Home - Corrective Action Report

Provider ID: 1-618233

Home Name: Evangeline Dongalen, CNA

Review ID: 1-618233-6

94-468 Kupuna Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/23/2020

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

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

Comment:

Annual visit to a 2 person CCFFH completed.

Corrective Action Report issued during home visit with all items due to CTA by 5/23/2020.

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), (2)- HHM#2, HHM#3, and HHM#4 were without APS/CAN/Fingerprint results in home binder.

Maribel Nakamine, RN
Compliance Manager

4/23/2020
Date

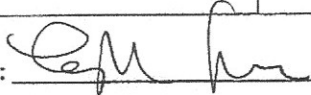
[Signature]
Primary Care Giver

4/23/2020
Date

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

CCFFH Name: Evangeline Dongaen
 CCFFH Address: 94-468 Keopua Loop
WAIKAPU, HI 96747

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
B.(a) (1),(2)	<p>H#M # 2, H#M # 3 and H#M # 4 all obtained a current APS/CAN fingerprint.</p> <p>Results were filed in home binder.</p>	5/14/2020	<p>CG# 1 will use a Samsung Calendar to schedule due dates alert 2-3 months in advance to prevent future lapses.</p>

Primary Caregiver's Signature: 

Print Name: EVANGELINE DONGAEN Date of Signature: May 15, 2020