

# Foster Family Home - Corrective Action Report

Provider ID: 1-180048

Home Name: Elvissa Pagulayan, CNA

Review ID: 1-180048-6

91-1001 Hanakahi Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 6/1/2021

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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. Corrective action report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection

## Foster Family Home Application [11-800-7]

7.(b)(1)(C) Background check documents, as provided in section 11-800-8; and

Comment:

7.(b)(1)(C) new household members # 2 and # 3 need to complete APS CAN and fingerprints

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:



43.(c)(3) No documentation of the MD ordered [REDACTED]


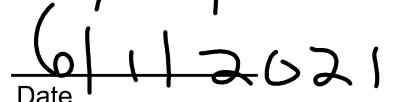
## Foster Family Home Records [11-800-54]

54.(c)(7) Expenditure records; and

Comment:

54.(c)(7) Client # 1 and # 2 No Personal allowance log documentation

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN/Jackie Chamberlain RN

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Elvissa Pagulayan

(PLEASE PRINT)

CCFFH Address: 91-1001 Hanakahi Street Ewa Beach Hawaii 96706

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
7.(b) (C)	Household Member#2 obtained a current APS/CAN/Fingerprinting. Results were filed in CCFFH binder. Household #3 will not obtain a current APS/CAN/Fingerprinting because he did not reside in this address.	6/25/20121	CG will ask new HHMs to obtain background check 2-3 months in advance to prevent future lapses. CG will use an iphone reminder.
43.(c) (3)	CG#1 and all Caregivers documented the [REDACTED] in the [REDACTED] monitoring sheet beginning [REDACTED]	6/2/2021	In the future all caregivers will document in the proper monitoring sheet. CG will check the documentation at the end of each day. CG will use an iphone reminder.
54.(c) (7)	CG#1 initiated to record clients#2s personal allowances and expenses. For client #1 [REDACTED] is in charge of clients personal allowances and expenses.	6/2/2021	In the future , CG for client#2 will keep the record of client personal allowances and expenses up to date. CG will check the log at the end of each month to make sure it stays up to date. CG will use an iphone reminder.

 All items that were fixed are attached to this CAPPCG's Signature: Elvissa A. PagulayanDate: 7/5/2021 CTA has reviewed all corrected items