Foster Family Home - Corrective Action Report

Provider ID:	**1-180054**		
Home Name:	**Rhodora Magaoay, CNA**	**Review ID:**	**1-180054-6**
94-411 Oililua Place		Reviewer:	David Ayling
Waipahu	HI 96797	Begin Date:	6/24/2021

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

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

Comment:

6.d.1 Annual unannounced inspection made today. Corrective action report was issued during visit with a written plan of correction due to CTA by 7/24/21.

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;

Comment:

8.(a)(1) - CG #3 needs a second year Fingerprint. Expired on 1/16/2020.

David A Ayling RN 6/24/2021

Compliance Manager Date

6/24/2021

Primary Care Giver Date

CTA RN Compliance Manager: David Ayling, RN

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

PCG's Name on CCFFH Certificate: Rhodora Magaoay
(*PLEASE PRINT*)

CCFFH Address: 94-111 Oililua Place, Waipahu, HI 96797
(*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?
8.(a)(1)	I received a current fingerprint from CG #3. I placed the results in my ccffh binder.	7/21/21	I put the expiration dates for all caregivers on my computer calendar and set a reminder for 1 month prior to expiration.

☑ All items that were fixed are attached to this CAP

PCG's Signature: [signature] Date: 7/21/21

☒ CTA has reviewed all corrected items