

Foster Family Home - Corrective Action Report

Provider ID: 1-210029

Home Name: Wilhell Mae Calingangan,
CNA

Review ID: 1-210029-1

86-240 Leihua Street

Reviewer: David Ayling

Waianae

HI 96792

Begin Date: 3/31/2021

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

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 4/30/21. All requirements were met at the time of inspection. Home will receive a 2 bed certification.


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

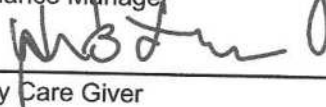
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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) - No First year APS/CAN and fingerprints for CG #2 and HHM #1.


Compliance Manager


Primary Care Giver

3/31/2021
Date

3/31/2021
Date

CTA RN Compliance Manager: DAVID AYUNG RN

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

PCG's Name on CCFFH Certificate: WILHELL MIRE CALINGANGAN
(PLEASE PRINT)

CCFFH Address: 86-240 LEIHUA ST WAIHANA HI 96792
(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)(2)	I RECEIVED CURRENT APSCAN & FINGERPRINTS FROM CCTA2 & HHM#1 I PLACED THE RESULTS IN MY CCFFH FOLDER	4-12-21	I PUT THE EXPIRATION DATES FOR APSCAN TO FINGERPRINTS FOR ALL CG'S AND HHM#1 ON MY IPHONE CALENDAR. I SET THE REMINDER FOR MONTH PRIOR TO EXPIRATION
	BUS/CPN FOR SCG SUBMITTED	4-15-21	INSERT COPY IN MY BINDER AND SET REMINDER 1 MONTH PRIOR TO EXPIRATION
	TB TEST RESULTS FOR SCG/HHM'S SUBMITTED	4-16-21	INSERT COPY IN MY BINDER AND SET REMINDER 1 MONTH PRIOR TO EXPIRATION
	APPLIED GENERAL LIABILITY INSURANCE WITH UNITED CAREGIVERS OF HAWAII	4-18-21	
	INITIAL CERTIFICATE LICENSE FEE PAID	4-16-21	
	HOME ATTONE/FAT MACHINE INSTALLED # 808-200-7936	4-8-21	
	FIRE EXTINGUISHER INSTALLED	4-5-21	EXPIRATION DATE NOTED

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 4/16/21

CTA has reviewed all corrected items