

Foster Family Home - Corrective Action Report

Provider ID: 1-150056

Home Name: Alma D. Agpoon, CNA

94-536 Hiapaiole Lp.

Waipahu HI 96797

Review ID: 1-150056-1

Reviewer: [REDACTED]

Begin Date: 9/24/2015

End Date: 10/12/2015

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6 (d)(1) The NEW Home visit made on 9/24/2015 for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA on 10/8/2015.

6 (d)(1) see applicable sections of this review.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8) CG #2 BBP not present in the Home

41.(f)(1) HHM #1 TB clearance dated 10/20/1998 and no current TB clearance in the Home.

[REDACTED]

Compliance Manager

Adagpoon

Primary Care Giver

9/24/2015
Date

09.24.15
Date

i-150056

WRITTEN PLAN OF CORRECTION

October 4, 2015

Re: Corrective Action Plan

41.(b)(8) CG#2 now has the current BBP. It is filed in the home binder. This will not happen again because I will always check on my Monthly Calendar for any requirements before the due date.

41.(f)(1) HHM#1 the home has TB clearance for HHM#1 dated October 2, 2015. It is on the home personnel record. The home has a Calendar to track when personnel requirements are due to avoid any requirements from expiring in the future.

October 4, 2015
94-56 Hiapaiole Loop
Waipahu Hi, 96797

Agpoon
ALMA D. AGPOON
PRIMARY CARE GIVER