

Foster Family Home - Corrective Action Report

Provider ID: 1-100116

Home Name: Adela Agpaoa, CNA

Review ID: 1-100116-4

94-556 Pilimai Street

Reviewer:

Waipahu HI 96797

Begin Date: 10/21/2015

End Date: 10/22/15

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

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

Comment:

Home visit for a 2 person recertification review made on 10/21/15. Corrective Action Report issued during home visit with all items due to CTA by 11/21/15.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2) - Second year APS/CAN not done in 2014 for CG #2 and CG #3. Completed on 10/5/15. First year done on 12/5/13.

Foster Family Home Fire Safety [17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) - CG #2 and CG #3 need to lead a fire drill once a year.

Compliance Manager

Adela Agpaoa

Primary Care Giver

10/21/15
Date

10/21/15
Date

