Foster Family Home - Corrective Action Report

Provider ID: 1-1

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

(22lla (

Primary Care Giver

Date

10/2//15

Date

10/21/2015 16:18 PM

Plan of Correction

7.1.(a)(2) Showed CTA current (2nd year) APS/CAN for CG #2 and CG #3 on the day of recertification.(10/21/15).

45.(a) I will have CG #2 and CG #3 lead fire drill in November and December 2015, and send log to CTA.

I have made a list of expiration dates for all CG's and HHM's APS/CAN and placed in front of my CTA binder. I will look at it often.

Oxtrol (a)
Oxtrol