

Foster Family Home - Corrective Action Report

Provider ID: 1-513235

Home Name: Hedidia Agbulos, CNA

Review ID: 1-513235-4

99-322 Ahe Ahe Street

Reviewer:

Aiea HI 96701

Begin Date: 11/9/2015

End Date: 12/17/2015

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

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

Comment:

6 (d)(1) Home visit made on 11/9/2015 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 12/9/2015.

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

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

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) CG#1 TB clearance expired on 4/23/2015 but renewed on 5/12/2015 with 11 days lapse. CG#3 TB clearance expired 10/11/2015 but renewed on 11/2/2015 with about 1 month lapse.

Foster Family Home Records [17-1454-52]

52.(c)(1) Client's vital information;

Comment:

52.(c)(1) Client #1 vital information from POLST states [redacted] but the Service Plan did not indicate [redacted] per POLST.

Compliance Manager

Primary Care Giver

Hedidia Agbulos

Nov 9, 2015

Date

11/09/15

Date

Written Plan of Correction

12/01/15

41. (b)(7)(c) #1 and CB #3. TB Clearance will not lapse in the future because the home has a tracking log for due dates.

52. (c)(1) Client I service Plan corrected by CMA regarding [REDACTED] according to Polst. This will not happen again because this document remain in the chart, and I will remind the CMA to update. A copy of the service plan attached.

HEDIDIA AEBULES
99-322 aka aka St
Aiea, HI 96701

Signed: Hedidia Aebules
Date: 12/01/15



RECEIVED
BY: mail