

# Foster Family Home - Corrective Action Report

Provider ID: 1-594350

Home Name: Raquel Agpaoa, CNA

Review ID: 1-594350-7

4-1006 Halehau Street

Reviewer:

Waipahu HI 96797

Begin Date: 12/3/2015

End Date: 1/13/16

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

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

Comment:

certification visit made on 12/03/15 for 2 client home. Corrective action report issued during review, due by 1/03/15. See applicable sections 6.(d)(1)

## Foster Family Home Records [17-1454-52]

2.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

2.(c)(4) Client's emergency management procedures;

Comment:

2.(c)(2) Client [redacted] Dr. order for [redacted] and is on [redacted] These are active dx's and conditions and are not addressed on the service plan.

2.(c)(4) Client [redacted] no client specific emergency procedures

\_\_\_\_\_  
Compliance Manager

12/03/15  
Date

\_\_\_\_\_  
Primary Care Giver

12/3/2015  
Date

22 December 2015

Compliance Manager CTA  
45-955 Kamehameha Hwy. Ste. 300  
Kaneohe, Hawaii 96744

CitationII	Corrective Action Plan	Protective Action Plan
52. (c) (2)	Client [REDACTED] Service plan was updated to address.	I will conduct with PCG and Case Management to address all problems and policies that are included in the service plan.
52. (c) (4)	Client [REDACTED] Specific emergency procedures placed on chart.	I will make sure that future client charts will have an emergency preparedness plan and I will coordinate with Case Management to ensure completion of all important documents and forms.

**Raquel V. Agpaoa**  
CCFFH, PCG