

# Foster Family Home - Corrective Action Report

Provider ID: 4-110077  
 Home Name: Virgencita Postrero-Ageton, CNA Review ID: 4-110077-5  
 760 Olena Street Reviewer:  
 Wailuku HI 96793 Begin Date: 6/2/2015 End Date: 7/3/15

**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. APS/CAN checks lapsed for CG #1, CG #2, and CG #4. No 2014 APS/CAN checks for CG #1 and CG #2. CG #1 done 4/16/15 and due 6/17/14. CG #2 done 4/16/15 and due 6/17/14.

7.1.a.2. No 2014 & 2015 APS/CAN check for CG #4 found in file. CG #4 done 10/31/13 and due 6/17/14.

VEPA 7.3  
 #5 was New SCG + CNA  
 5/23/14 4/15/14

**Foster Family Home Information Confidentiality [17-1454-13.1]**

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.  
 Comment:

13.1 b.5 No confidentiality/privacy rights training for all caregivers found in file.

**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(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

12 3 PERSON HOME

Comment:

41 b.8 No current CPR/First Aid found for CG #2. Expired 4/30/15.

41 b.8. Bloodborne Pathogen lapsed for CG #4. Done 9/25/14 and due 6/26/14.

REMOVED PER DISCUSSION WITH [17-1454-45] (3P)

**3 Person Fire Safety, Natural Disaster 3 Person Fire Safety**

45(3P)(d) All caregivers and designated individuals must have been trained to implement appropriate emergency procedures in the event of a fire, natural disaster or other emergency.

Comment:

45.3P d. Only PCG conducting file drills.

\_\_\_\_\_  
 Compliance Manager  
 Virgencita E. Postrero-Ageton  
 Primary Care Giver

7/3/15  
 \_\_\_\_\_  
 Date  
 07-03-2015  
 \_\_\_\_\_  
 Date

Response to Corrective Action Report  
 Review ID: 4-110077-5 Dated 6/2/2015  
 Virgencita Postrero-Ageton CCFFH

July 3, 2015

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies therein. To remain in compliance with all State regulations, the CCFFH has taken or will take the actions set forth in the following plan of correction. The plan of correction constitutes the CCFFHs allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.

17-1454-7.1a.2. APS/CAN checks for CG#1 and CG#2 were done 4/16/2015 so alleged deficiency was corrected prior to the CTA in home review.

The last APS/CAN check for CG#4 was actually done on 10/07/2014 (previous was 10/31/2013) and found in misfiled last year records (see attached green light copy). The home will use a modified CTA Provider Inspection Guide to track future requirement due dates for personnel.

17-1454-13.1.b.5 All caregivers acknowledged receipt of training on home confidentiality privacy policies as per signed attached CCFFH substitute and adult household member training form (provided by CTA as updated 8/13/14). Training was completed by 6/18/2015.

17-1454-41.b.8 CG#2 received current CPR/First Aid training as per attached copy of card dated 5/15/2015 (previous card expired 4/30/2015). *also 9/16/2014 due*

17-1454-41.b.8 Bloodborne Pathogen lapse in training was actually from 9/16/2014 to 9/25/2014 when it became current as of date of CTA review. (See attached training certificates marked CG#4.)

The home will use a modified CTA Provider Inspection Guide to track future requirement due dates for personnel.

17-1454-45.3P.d All caregivers acknowledged receipt of training on emergency management including fire safety and the home evacuation plan and policies as per signed attached CCFFH substitute and adult household member training form. Training was completed by 6/18/2015. Primary caregiver will schedule all caregivers to participate in/conduct a home fire drill prior to their next service in the home, or by July 31, 2015 whichever comes earlier.

Signed: Virgencita E. Postrero-Ageton  
 760 Olena Street, Wailuku, HI 96793

Date: 07-03-2015