

Foster Family Home - Corrective Action Report

Provider ID: 1-150056

Home Name: Alma D. Agpoon, CNA

94-536 Hiapaiole Lp.

Waipahu

HI 96797

Review ID: 1-150056-2

Reviewer:

Begin Date: 7/14/2016

End Date: 8/5/16

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 [REDACTED] for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA [REDACTED]

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

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.

Comment:

41.(b)(8) CG#4 documentation of current training for basic first aid not present in the home.

Foster Family Home Insurance Requirements [17-1454-49]

49.(a)(1) General;

Comment:

49.(a)(1) CGs #3,4,and 5 Liability insurance not present in the home.

Compliance Manager

ALMA D. AGPOON

Primary Care Giver

Date

7-14-16

Date

WRITTEN PLAN OF CORRECTION

July 22, 2016

Re: Corrective Action Plan

41.(b)(8) CG#4 The home has now the current basic First Aid [REDACTED] It is on the home personnel record. The home has a Calendar to track when personnel requirements are due to avoid any requirements from expiring in the future.

49.(a)(1)CGs #3, 4, and 5, now has the current copies of Liability Insurance [REDACTED] [REDACTED] It is filed in the home binder. This will not happen again because I will always check on my Monthly Calendar for any requirements before the due date.

[REDACTED]

July 22, 2016
94-536 Hiapaiole loop
Waipahu Hi, 96797

Alma B. Agpoon
ALMA B. AGPOON
PRIMARY CAREGIVER