

# Foster Family Home - Corrective Action Report

Provider ID: 1-509276

Home Name: Eunice Aguilar, CNA

Review ID: 1-509276-4

94-1091 Nalii Street

Reviewer:

Waipahu HI 96797

Begin Date: 8/31/2016

End Date: 10/16/16

## 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 made on 8/31/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/1/2016.

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

## Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) CG#3 Second set of fingerprinting not present in the home.

## 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#2 Completed TB clearance on 3/7/2016 but no proof of TB skin test and chest x-ray results present in the home. CG#3 TB Clearance completed on 1/22/2016 and expired on 2/22/2016 but renewed on 6/17/2016 with about 4 months lapse.

Compliance Manager

*Eunice A. Aguilar*

Primary Care Giver

Date

*8/31/16*

Date

10/02/2016 07:48PM

EUNICE C. AGUILAR

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# Written Plan of Correction

Oct. 3, 2016

7.1 A 1 Cg # 3 now completed second set of fingerprinting 9/29/16 and it is filed in home binder permanently, so this will not happen again in the future (fingerprinting attached)

41 B 7 Cg # 2 TB clearance proof obtain on 11/20/1993 it is now in the home binder always to present not to happen again in the future (Attached TB clearance document)

Cg # 3 TB clearance will not lapse because the home will present this lapping in the future. The home presentation for lapping is the use calendar to check all the requirement.

10/3/2016

Eunice A. Aguilar

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