

# Foster Family Home - Corrective Action Report

Provider ID: 1-512469

Home Name: Gina Agpaoa, CNA

Review ID: 1-512469-4

94-1084 Hoomakoa Street

Reviewer:

Waipahu HI 96797

Begin Date: 9/16/2016

End Date: 9/19/2016

## 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 9/16/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/16/2016.

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;

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)(1) CG#1 and CG#2 eCrim expired on 7/30/15 but renewed on 10/9/15 with about 3 months lapse.

7.1.(a)(2) CG#1, CG#2, and CG#4 Adult Protective Services and Child-Abuse-Neglect (APS/CAN) checks expired on 9/10/16 but renewed on 9/12/16 with about 2 days lapse. HHM#1 Adult Protective Services and Child-Abuse-Neglect (APS/CAN) checks expired on 10/17/15 but renewed on 9/12/16 with about 11 months lapse.

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

*Gina Agpaoa*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

*9/16/16*  
\_\_\_\_\_  
Date

## Written Plan of Correction

9/17/2016

7.1(a)(1) CG#1 and CG#2 eCrim will not lapse in the future again.

7.1(a)(2) CG#1, CG#2, CG#4 and household member #1 will not lapse in APS/CAN again in the future.

The plan to prevent this from lapsing:

the home now uses a calendar and notepad to track all requirements before expiring.

9/17/2016

Flanagan

94-1084 Hoomakoa St.

Waipahu, HI. 96797