

# Foster Family Home - Corrective Action Report

Provider ID: 1-560955

Home Name: Maria Agbisit, CNA

Review ID: 1-560955-4

1720 Ohu Street

Reviewer:

Honolulu HI 96819

Begin Date: 8/10/2016

End Date: 9/15/16

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

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

Comment:

Home visit for a 3 person recertification review made on 8/10/16. Corrective Action Report issued during home visit with all items due to CTA by 9/10/16.

6.(d)(1) - see applicable sections of the review

## 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) - Second year APS/CAN not done until 2016 for CG #2, #3, and #4.

## 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) - No current PPD TB clearance for CG #2.

Compliance Manager

*Maria V. Agbisit*

Primary Care Giver

Date

8/10/16

Date

Corrective Action for home visit on 8/10/16 for

Maria Agbisit  
1720 Ohu St.  
Honolulu, Hi 96819

7.1.(a)(2) Showed CTA current second year APS/CAN for all Caregivers on day of recertification.

Sent current fingerprints for Cargiver #4 to CTA on 8/17/16.

I now understand the rule for getting APS/CAN/FP for Caregivers and Household members.

4.1.(b)(7) I sent CTA a current PPD TB Clearance for Caregiver #2 on 8/17/16.

I now understand the TB Clearance rules for the Dept. of Health.

To prevent these infractions again, I have made a list of all items with expiration dates (CPR, TB, APS/CAN) and placed it in the front of my CTA binder. I will review this list every month as part of my prevention plan.

Thank You,

Maria Agbisit

*Maria Agbisit*  
9/15/16