

Foster Family Home - Corrective Action Report

Provider ID: 1-100116

Home Name: Adela Agpaoa, CNA

Review ID: 1-100116-5

94-556 Piliwai Street

Reviewer:

Waipahu

HI 96797

Begin Date: 10/21/2016

End Date:

10/26/16

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 2 person CCFFH recertification review made on 10/21/16. Corrective Action Report issued during home visit with all items due to CTA by 11/21/16.

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

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 TB clearance for GG #3.

Compliance Manager

Adela Agpaoa

Primary Care Giver

Date

10/21/16

Date

10/21/2016 15:33 PM

41.6.7 - I SENT CTA A CURRENT TB CLEARANCE
FOR CAREGIVER #3 ON 10/22/16.

I MADE A LIST OF ALL ITEMS WITH
EXPIRATION DATES AND HAVE PLACED
IN THE FRONT OF MY CTA BINDER.
I WILL REVIEW LIST MONTHLY.

Adela Aguiar
10/22/16