

Foster Family Home - Corrective Action Report

Provider ID: 1-593196

Home Name: Melita Agpaoa, CNA Review ID: 1-593196-6

94-458 Opeha Street Reviewer:

Waipahu HI 96797 Begin Date: 10/28/2016 End Date: 11/2/16

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 CCFFH recertification review made on 10/28/16. Corrective Action Report issued during home visit with all items due to CTA by 11/28/16.

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 CG #4.

Foster Family Home Quality Assurance [17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a) - Emergency Preparedness Plan not signed by all SCG's.

Foster Family Home Records [17-1454-52]

52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5) - Medication not added to MAR by CMA #1 for client #1.

Compliance Manager
Melita Agpaoa

Primary Care Giver

Date
10/28/16

Date

41.(b)(7)- I sent CTA a current TB clearance for CG #4 on 11/6/16

48.1(a)- I sent CTA a Emergency Preparedness Plan (EPP) signed by all SCG's on 11/6/16

52(c)(5)- I sent CTA a corrected Medical Admin Record (MAR) for client #1 on 11/6/16

I will check MAR every month to make sure new medication orders are put on the MAR by the case management agency. I will have each new SCG sign the EPP when I hire them. I put expiration date for TB clearance for all SCG's on my cell phone calendar.

MELITA AGPAOA

Melita Agpaoa 11-7-16

Sign & Date