

Foster Family Home - Corrective Action Report

Provider ID: 1-100035

Home Name: Mitci C. Aguinaldo, NA

Review ID: 1-100035-5

1297 Kukila St.

Reviewer:

Honolulu HI 96818

Begin Date: 12/28/2016

End Date: 1/14/2017

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

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

Comment:

Home visit made on 12/28/2016 for a 2-bed to 3-bed change recertification. Corrective action report issued during home visit with correction action plan due to CTA on 1/28/2017.

6.(d)(1)-see applicable sections of this 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)-CG#3 does not have a current APS/CAN.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7)- No current TB screening forms for CG#4 and CG#5 present in caregiver binder.

41.(b)(8)-No current blood-borne pathogen training present on CG#5 in caregiver binder.

Compliance Manager

Primary Care Giver

Date

Date



12/28/16

Provider ID: 1-100035
Home Name: Mitci C. Agunaldo, NA
1297 Kukila Street Honolulu, Hawaii 96818
January 12, 2017

Review ID: 1-100035-5
Reviewer:

Written Plan of Correction

1) Problem: 7.1 (a)(2) - CG#3 does not have a current APS/CAN

CG#3 submitted an APS/CAN application. The receipt was filed in caregiver's binder. Once results comes out, it will also be filed in the binder. I have created a tracking log/timetable with due dates of all the requirements.

2) Problem: 41.(b)(7) - No current TB screening forms for CG#4 and CG#5 present in caregiver binder.

CG#4 and CG#5 completed a TB screening with their respected primary care physicians and it is filed in the binder. I have printed a table of content to visualize what needs to be in the binder and I have also created a tracking log/timetable with due dates of all requirements.

3) Problem: 41.(b)(8) - No blood-borne training on CG#5 in caregiver binder.

CG#5's current blood borne pathogen training certificates is now filed in caregiver's binder. I have created a tracking log/timetable with due dates of all the requirements.