

Foster Family Home - Corrective Action Report

Provider ID: 1-170030

Home Name: Darylle Agustin, NA

Review ID: 1-170030-1

1108 Noelani St.

Reviewer: Carrie Wakai

Pearl City

HI 96782

Begin Date: 7/6/2017

End Date: 7/07/2017

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 for a new 2 bed certification survey. A corrective action report was issued during the visit with all items due to CTA by 7/20/2017.

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

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

Comment:

41(b)(8)-No first-aid training present for CG#1 and CG#2.

Foster Family Home Physical Environment [17-1454-48]

48.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

48.(d)(1) The certificate holder shall ensure that the minimum physical environment requirements as specified in this section are met; and

Comment:

48(c)(3)-Client bedroom window has open gaps between screen and the window frame.

Carrie Wakai RW
Compliance Manager

7-06-2017
Date

[Signature]
Primary Care Giver

07-06/17
Date

Written Plan of Correction

41 (b)(8) Home obtained first aid cards for PCG & SCG on 7/6/2017, and they are now filed in the folder. Home provider is to ensure first aid cards for all caregivers are updated and renewed before expiration to prevent discrepancy.

48(c)(3) Home provider fixed all the screens on 7/6/2017 to prevent any insect entering clients' room. Home provider will meticulously check on the maintenance of the screens to prevent future incident of insects entering clients' room.

Darylle Dave R. Agustin
1108 Noelani St
Pearl City, Hawaii 96782

Darylle
7/7/17