

# Foster Family Home - Corrective Action Report

Provider ID: 1-594350

Home Name: Raquel Agpaoa, CNA

94-1006 Helehau Street

Waipahu

HI

967665

Review ID: 1-594350- ?

Reviewer: Sue Lo

Begin Date: 12/11/2017

End Date:

12/15/2017

## 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 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/11/2017.

## 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) Lapsed on Adult Protective Services/Child Abuse Neglect (APS/CAN) for the following: due on/before 11/10/16 was done 7/19/17 for CG#1; due on/before 11/10/16 was done 8/8/17 for CG#2, CG#3, and HHM# 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

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) & 41.(f) Lapse on TB clearance for the following: due on/before 12/22/16 was done 11/17/17 for CG#1, due on/before 12/23/15 was done 3/11/17 for CG#2, due on/before 12/23/15 was done 10/25/17 for CG#3; due on/before 12/23/16 was done 10/16/17 for HHM#3, due on/before 12/23/16 was done 1/23/17 for HHM#4, and due on/before 12/23/16 was done 1/23/17 for HHM#5.

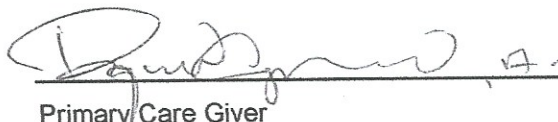
41.(b)(8) Lapse in CPR due on/before 7/2/16 was done 7/8//16 for CG#2 and lapsed on Blood Borne Pathogen due on/before 11/14/15 was done 10/10/17 for CG#2.



Compliance Manager

12/11/2017

Date



Primary Care Giver


12/11/17

Date

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: Raquel V. Agpasa  
 CCFFH Address: 94-1006 Halehan St. Waipahu HI. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(2)	lapsed cannot be corrected	12-11-17	I realize background checks is very imp. so I will put on the calendar to remind me to renew before due date.
41.(b)(1) 41.(F) 41.(b)(8)	lapsed cannot be corrected	12-11-17	CTA requirements is very imp.; therefore I will use my iPhone or calendar to remind me to renew before due date.

Primary Caregiver's Signature: 

Print Name: RAQUEL V. AGPASA

Date of Signature: 12-11-2017

808 393-3239