

# Foster Family Home - Corrective Action Report

Provider ID: 1-598641

Home Name: Judy Aguinaldo, CNA

Review ID: 1-598641-8

94-252 Kipou Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 12/15/2017

End Date: 12/27/2017

## 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 survey. Corrective action report issued with all required items due to CTA by 1/15/2018.

## 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 current first aid training present for CG#3 in the Home's folder.

## Foster Family Home Records [17-1454-52]

52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

52(c)(6)- Daily task flow sheets for the month of December 2017 on both client #1 and client #2 were not present in the caregiver's folder.

Carrie Wakai  
Compliance Manager

12/15/2017  
Date

Offensive Joe  
Primary Care Giver

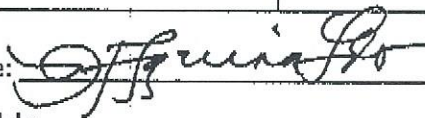
12/15/2017  
Date

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

CCFFH Name: Judy Aguinaldo

CCFFH Address: 94-252 Klpou street waipahu, hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.8	First Aid training obtained for CG#3. A copy of the card is on file.	12/16/17	I will keep a reminder list on the front of my binder with requirements for caregivers. I will let my caregiver know 30 days before the expiration.
52.c.6	Located daily task information and I filed the flowsheets in the binder.	12/16/17	I will make sure tthere is a flowsheet in place for all my clients at the end of each month. I will check my binder after the CM reviews it to ensure all of the flowsheets are present.

Primary Caregiver's Signature: 

Print Name: Judy Aguinaldo

Date of Signature: 12/16/2017