

Foster Family Home - Corrective Action Report

Provider ID: 1-150006

Home Name: Sonia Agni, CNA

Review ID: 1-150006-4

94-1276 Peke Place
Waipahu

HI 96797

Reviewer: Sue Lo
Begin Date: 12/15/2017

End Date: 1/3/2018

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 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/15/2018

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) Lapsed on eCrim due on/before 3/01/17 done on 11/30/17 for CG#4.
Second set of fingerprinting not present in the home for CG#6

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) Last TB clearance was done on 1/24/2015 and no current TB clearance present for CG#2. TB clearance screening completed on 2/09/2017 but no proof of positive/negative TB Skin Test (PPD) for CG#5.

Foster Family Home Fire Safety [17-1454-45]

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.


Comment:

45.(b)(2) Documentation for unannounced fire drill not present in the home for CG#2.



Compliance Manager

12/15/2017
Date



Primary Care Giver

12/15/17
Date

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

CCFFH Name: Agni Foster Care/Sonia Agni
 CCFFH Address: 94-1276 Peke Place, Waipahu, HI. 96757

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	Lapse can not be corrected for CG #4	12/19/17	Home understands the background check requirements. Home will use calendar on iPhone to input all due dates to prevent any future lapses.
41(b)(7)	CG #6 - second set of finger printing placed the form in the administrative binder 2017 TB clearance was obtained for CG #2. It was placed into Home record. Positive/negative TB skin test for CG #5 was presented and placed into home record.	12/29/17 12/20/17	Home will use spreadsheet on laptop to identify what requirements are due 2 months before they expire to allow time to get them done before they are due.
45(b)(2)	Fire drill was done by CG #2. Form has been put into home binder	12/29/17	Fire drill will be done by each CG at least once a year or once a month. Home develop a schedule and has it posted on the refrigerator

Primary Caregiver's Signature: *Sonia Agni*

Print Name: SONIA M. AGNI

Date of Signature: 12/31/17