

Foster Family Home - Corrective Action Report

Provider ID: 1-513376

Home Name: Pacita Agbisit, CNA

94-1072 Lumiaina Street

Waipahu HI 96797

Review ID: 1-513376-5

Reviewer: David Ayling

Begin Date: 1/17/2018

End Date: 1/20/18

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

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 1/17/18. Corrective Action Report issued during home visit with all items due to CTA by 2/17/18.

6.(d)(1) - see applicable sections of the review

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;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

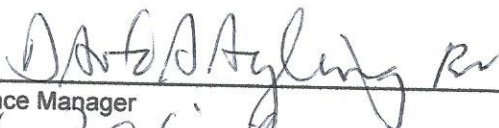
7.1.(a)(1),(2) - No second year fingerprints done for CG #3. Expired on 1/27/17. Second APS/CAN done on 9/21/17 for CG #3. Expired on 1/27/17.

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

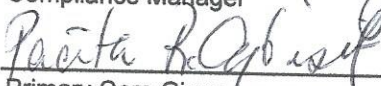
41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) - No current TB clearance for CG #3. Expired 1/26/17.



Compliance Manager



Primary Care Giver

1/17/18
Date

1/17/18
Date

7.1. a1, 2
41. b7

I obtained a current finger prints
and APS/can and TB Clearance and placed
in my CTA binder.

I made a list of the expiration dates
of the TB APS/CAN and finger prints for
all CGS. I have it on the front of my CTA
binder. I will see it every week

Pacita Aguirre

1/20/18