

Foster Family Home - Corrective Action Report

Provider ID: 1-160014

Home Name: Krystle Agaton, CNA

Review ID: 1-160014-4

94-334 Pupukahi Place

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 5/4/2018

End Date: 5/15/2018

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 2 client change to 3 client CCFFH certification survey.
A Corrective action Report was issued during the visit with a Corrective Action Plan due to CTA by 5/18/2018.

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;

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) & 7.1(a)(2)-APS/CAN/Fingerprinting lapsed for CG#1 which was due 2/5/17, done 9/12/17 and CG#3 was due 1/3/18, done 3/20/18.

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 TB clearance results present for 2017 on CG#1, CG#3 and CG#4.

Foster Family Home Client Care and Services [17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43(c)(3)-No RN delegation done for approved caregivers of client #1 & client #2.

Carrie Wakai Rnd
Compliance Manager

5/4/2018
Date

Krystle Agaton
Primary Care Giver

5/4/2018
Date

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

CCFFH Name: *(Agaton)* Krystle Liaane G. Goloyugo
 CCFFH Address: 94-334 Pupukahi place waipahu Hi 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.a.1 7.1.a.2	Lapse cannot be corrected.	09/12/17 03/20/18	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	2052 TB clearance was obtained for CG#1#3 & #4. It was placed into home record.	05/07/18	Home will use a spreadsheet on laptop to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.
43.(c)(3)	RN Delegation was done for All caregivers ^{for} by client #1,#2 by CMA. It was placed into the client record.	05/07/18	Home will notify client's CMA that RN delegation needs to be performed within 5 days of a caregiver being added to the home. Home has developed a calendar in the front of the personnel binder with all due dates.

Primary Caregiver's Signature: *Krystle Agaton*

Print Name: KRYSTLE AGATON

Date of Signature: 05/08/18