

Foster Family Home - Corrective Action Report

Provider ID: 1-588981

Home Name: Pauline Agluba, RN

Review ID: 1-588981-6

94-536 Niulii Street

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 4/23/2018

End Date: 5/11/2018

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 5/23/2018.

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)(2) Fingerprinting and Adult Protective Services/ Child Abuse Neglect (APS/CAN) not present in the home for HHM#1, HHM#2, and HHM#3.

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

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:


Comment:

41.(f) TB Clearance not present in the home for HHM#1, HHM#2, and HHM#3.



Compliance Manager

4/23/2018
Date



Primary Care Giver

8/23/2018
Date

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

CCFFH Name: AGLUBA FOSTER HOME

CCFFH Address: 94-536 NULII ST. WAIPAHU, HI

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(2)	HHM #1, #2, #3 Completed FINGER PRINTING AND APS/CAM DOCUMENT FILED IN HOME BINDER	4/30/2018	I UNDERSTAND BACKGROUND CHECK FOR ALL HOUSEHOLD MEMBERS AND CGS; IN 2019, HOME WILL HAVE HOUSEHOLD MEMBERS TO COMPLETE 2nd SET OF FINGER PRINTING AND APS/CAM.

Primary Caregiver's Signature: Pauline Agluba

Print Name: PAULINE AGLUBA

Date of Signature: 5/10/2018

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

CCFFH Name: AGLURA FOSTER HOME

CCFFH Address: 94-530 NIULU ST. WAIPAHU HI

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(F)	HHM # 3 & 4 - TB clearance done HHM # 1 - TB clearance done DOCUMENTS FILED IN HOME BINDER.	5/7/18 5/4/18	I UNDERSTAND TB CLEARANCE DONE EVERY YEAR. HOME HAS A REMINDER LOG TO RENEW ALL REQUIREMENTS BEFORE DUE DATE LOG IS PLACED ON THE REFRIGERATION SO THAT I COULD SEE IT EVERYDAY

Primary Caregiver's Signature: Pauline Aglura

Print Name: PAULINE AGLURA

Date of Signature: 5/10/2018