

Foster Family Home - Corrective Action Report

Provider ID: 1-160062

Home Name: Evangeline Agonias, NA

Review ID: 1-160062-3

94-1135 Awalai Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 6/14/2018

End Date: 6/18/2018

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 person CCFFH recertification survey. A Corrective Action Report was issued with a Corrective Action Plan due to CTA by 7/14/2018.

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#2-was due 7/11/17 and done 6/08/18.

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

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45(a)-Fire drill documentation for past year not present in the folder except for June 2018.

Foster Family Home Client Account [17-1454-47]

47.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

47(a)-No written accounting of the client's personal allowance received and expended on the client's behalf by the home.

Carrie Wakai
Compliance Manager

6/14/2018
Date

Evangeline Agonias
Primary Care Giver

6/14/2018
Date

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

CCFFH Name: VA EVANGELINE G. AGONIAS

CCFFH Address: 94-1135 AWALAI ST. WAIPAHU HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1) 7.1(a)(2)	Lapse cannot be corrected.	6/14/18	Home understand the background check requirements. Home will use calendar to prevent any future lapse.
45.(a)	Fire drill was done by CG#1, CG#2, CG#3, and CG#4. Misplaced forms for past year except June 2018.	6/14/18	Home will file a fire drill conducted by caregivers every month in the folder and have a calendar or reminder.
47.(a)	Documents or maintain client personal funds forms placed in the folder.	6/14/18	From now on write or documents client's personal allowance. <i>expenses.</i>

Primary Caregiver's Signature: Evangelina Agonias

Print Name: EVANGELINE AGONIAS

Date of Signature: 6/14/18