

Foster Family Home - Corrective Action Report

Provider ID: 1-170076

Home Name: Joyce Agustin

Review ID: 1-170076-1

94-510 Hiahia Loop

Reviewer: Carrie Wakai

Waipahu

HI 96797

Begin Date: 12/30/2017

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 new 2 client CCFFH certification survey.
A corrective action report was issued during the visit with all required items due to CTA by 1/14/18.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41(b)(8)-No documentation of blood borne pathogen training present for CG#2-CG#5. No documentation of first aid training present for CG#4.

Foster Family Home Quality Assurance [17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1(a)-No acknowledgement of emergency management training for substitute caregivers present in the Home.

Carrie Wakai RN
Compliance Manager

12-30-17
Date

JM Agustin
Primary Care Giver

12-30-17
Date

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

CCFFH Name: Joyce Agustin (R & J Agustin's

CCFFH Address: 94-510 Hiahia Loop, Waipahu, Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)8	CG#2 was trained with blood borne pathogens and infection control. Certificate was placed in the administrative binder.	01/03/18	Reminded caregiver to write in her calendar/planner the date of renewal and set the date for training 5 days prior to expiry, it will be conducted in my home.
	CG#3 was trained with blood borne pathogens and infection control. Certificate was placed in the administrative binder.	01/02/18	Reminded care giver to write in her calendar/planner the date of renewal and set the date for training 5 days prior to expiry.
	CG#4 Was trained with blood borne pathogens and First Aide . Certificates are placed in the administrative binder.	12/30/17	Reminded caregiver to write in her planner the date when to renew her trainings, and advised her that I set a date for all caregivers to renew 5 days prior to expiry, it will be conducted in my home.
	CG#5 was trained with blood borne pathogens and certificate was placed in the administrative binder.	01/02/18	Reminder caregiver to write in his planner the date of renewal and advised him the date of training 5 days prior

Primary Caregiver's Signature: _____

Print Name: Joyce I. Agustin

Date of Signature: 01-03-18

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

CCFFH Name: Joyce Agustin (R & J Agustin's

CCFFH Address: 94-510 Hiahia Loop, Waipahu, Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
48.1(8)	Emergency preparedness plan has been conducted and acknowledgment of emergency training for substitute caregivers has been signed and placed in administrative binder.	01/02/18	All caregivers were reminded that emergency preparedness will be conducted annually to keep updated. Date has been set for the next training, and will be conducted in the home. Adviced everyone to mark their planner calendar.

Primary Caregiver's Signature: _____

J. Agustin

Print Name: Joyce I. Agustin

Date of Signature: 01-03-18