

Foster Family Home - Corrective Action Report

Provider ID: 1-594350

Home Name: Raquel Agpaoa, CNA

Review ID: 1-594350-9

94-1006 Halehau Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 12/20/2018

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 12/20/18. Corrective Action Report issued during home visit with all items due to CTA by 1/20/2019.

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;

Comment:

7.1.(a)(1) - No proof of 2nd set fingerprints for HHM#2 in home folder, last done 1/10/2015.

Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.(b)(5) - No proof of Confidentiality/Privacy Rights training in home folder for HHM#1 & HHM#2.

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) - No proof of fire drill conducted for the month of November, 2018.

Foster Family Home Physical Environment [17-1454-48]

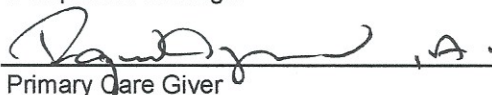
48.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

48.(a)(1) - No non-slip surface present in client shower.



Compliance Manager



Primary Care Giver

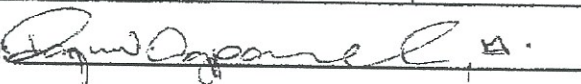
12/20/18
Date

12/20/18
Date

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

CCFFH Name: Raquel V. Agpasa
 CCFFH Address: 94-1006 Halehau St
Waipahu Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.a (1)	2nd set finger prints for HAM # 2 lapsed cannot be corrected.	1-11-19	I will use check list and place in front on my folder reminder. Check first wk. of the month to avoid future lapses.
13.1(b)	Confidentiality Privacy Rights Training in home Folder HAM # 14 # 2	12-24-18	All HAM in the future house hold member I will make sure read a sign the confidentiality training with in one week.
45.(a)	Unable to conduct fire drill for month of Nov. PCA conducted fire drill Dec. 14, 2018	12-11-18	I will make sure that my monthly fire drill to do it and week of the month and place it on the calendar.
48.(a)	Non slip surface had been place in client shower room.	12-24-18	Slip surface mat will be use daily for safety measures to prevent fall.

Primary Caregiver's Signature: 

Print Name: RAQUEL V. AGPASA Date of Signature: 1-29-2019