

Foster Family Home - Corrective Action Report

Provider ID: 1-100035

Home Name: Mitci C. Aguinaldo, NA

Review ID: 1-100035-7

1297 Kukila Street

Reviewer: Angelica Galindo

Honolulu HI 96818

Begin Date: 2/7/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification made on 2/07/2019. Corrective Action Report issued during home inspection with all items due to CTA by 3/07/2019.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2) - No proof of fire drill conducted by CG#4 for 2018 or since being added to home 12/2017.

Foster Family Home Records [11-800-54]


54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(6) - No record of 7/2018 RN monthly nursing visit for Client #1.



Compliance Manager


Primary Care Giver

2/07/19
Date

2/07/19
Date

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

CCFFH Name: MITCI C. AGUINALDO
 CCFFH Address: 1297 KUKILA STREET, HONOLULU, HAWAII 96818

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46.(b)(2)	Lapse cannot be corrected. CG#4 is currently in the Philippines and will not be back until April, 2019. I scheduled CG#4 to do a fire drill for the month of April on April 10, 2019.	2/22/19	Home will sure that all CGs will do a fire drill at least once every year. I will accomplish that by writing it on my calendar and making a reminder on my phone every first of the month.
54.(c)(6)	Received 7/2018 RN monthly visit and filed in the patient home binder.	2/08/19	Home will make sure that all monthly visits are done and filed in the home binder. I will accomplish that by having a check list on what needs to be filed in the patient binder after each RN monthly visit.

Primary Caregiver's Signature: 

Print Name: MITCI C. AGUINALDO

Date of Signature: 02/23/19