

# Foster Family Home - Corrective Action Report

Provider ID: 1-150052

Home Name: Maribelle Agustin, RN

91-949 Ikuani Street

Ewa Beach

HI 96706

Review ID: 1-150052-4

Reviewer: David Ayling

Begin Date: 6/27/2019

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

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

Comment:

Home inspection for a 2 person CCFFH recertification made on 6/27/19. PCG requests to increase to a 3 client CCFFH. Corrective Action Report issued during home inspection with all items due to CTA by 7/27/19.

6.(d)(1) - see applicable sections of the review

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:


8.(a)(2) - APS/CAN expired on 6/7/18 for CG #4. Renewed on 7/12/18.

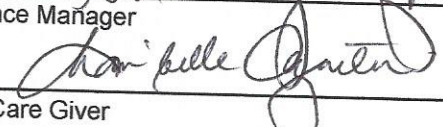
## Foster Family Home Fire Safety [11-800-46]

46.(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:

46.(a) - CG #2 has not lead a fire drill in the past year.

  
Compliance Manager

  
Primary Care Giver

6/27/19  
Date

6/27/19  
Date

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

CCFFH Name: **Maribelle Agustin**

CCFFH Address: **91-949 Ikuhuni st. Ewa Beach, Hawaii 96706**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(2)	I showed CTA a current APS/CAN for CG # 4 on the day I got re-certified.	6/27/19	I have put the expiration dates for APS/CAN for all caregivers on my iPhone calendar. I set the reminder for 3 weeks prior to expiration
46.(a)	I scheduled CG # 2 to lead a fire drill on 6/28/2019.	6/28/19	I have made up a schedule to all caregivers to lead a fire drill at least once a year.

Primary Caregiver's Signature: *Maribelle Agustin*

Print Name: Maribelle Agustin

Date of Signature: 6/20/19