

# Foster Family Home - Corrective Action Report

Provider ID: 1-150056

Home Name: Alma D. Agpoon, CNA

94-536 Hiapaiole Loop

Waipahu

HI 96797

Review ID: 1-150056-6

Reviewer: Julie Hastings

Begin Date: 2/12/2020

## Foster Family Home

### Required Certificate

[11-800-8]

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

Comment:

Annual inspection conducted for this 3 bed home. A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 3/14/2020.

## Foster Family Home

### Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

8.(a)(1)  
CG#3 Fingerprint lapsed. Was done on 11/12/2018. Was due on or before 11/12/2019. Was done 11/21/2019.

8.(a)(2)  
CG#3 APS/CAN lapsed. Was done on 11/12/2018. Was due on or before 11/12/2019. Was done 11/21/2019.

CG#4 APS/CAN lapsed. Was done on 12/7/2017. Was due on or before 12/7/2019. Was done 12/18/2019.

HHM#3 APS/CAN lapsed. Was done on 9/26/17. Was due on or before 9/26/19. Was done on 10/21/19.

## Foster Family Home

### Personnel and Staffing

[11-800-41]

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8)  
CG#4 CPR/First aid lapsed. Was done on 12/10/17. Was due on or before 12/10/19. No current CPR/First Aid in Binder.

41.(f)(1)  
HHM#3 TB lapsed. Was last done on 1/25/2019. Was due on or before 1/25/2020. No Current TB on file in binder.

Julie A. Hastings BSN, RN  
Compliance Manager

ALMA D. AGPOON / Odegpon  
Primary Care Giver

2/12/2020  
Date

02.12.2020  
Date

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

CCFFH Name: ALMA D. AGPOON

CCFFH Address: 94-536 HIAPAIOLE LOOP, WAIPAKU, HI, 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)	Lapsed cannot be corrected	2-12-2020	calendar reminder placed on front of binder for 2 months prior to expiration.
8.(a)(2)	CG#3, CG#4 HHM#3 LAPSED CAN NOT BE CORRECTED	2-12-2020	"SAME AS ABOVE"
41.(b)(8)	CG#4 HAS NEW APRIL FIRST AID IN CHART	2-20-2020	"SAME AS ABOVE"
41.(f)(1)	HHM#3 HAS NEW TB CLEANS IN BINDER	2-20-2020	"SAME AS ABOVE"

Primary Caregiver's Signature: Adagpoon

Print Name: ALMA D. AGPOON

Date of Signature: 2/20/2020