

# Foster Family Home - Corrective Action Report

Provider ID: 2-559487

Home Name: Gracia Agcaoili, CNA

Review ID: 2-559487-7

168 Kohola Street

Reviewer: Lori O'Keefe

Hilo HI 96720

Begin Date: 2/5/2020

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

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

Comment:

6.d.1 - Recertification inspection performed for this 3 bed home. A corrective action report was issued during the visit and a written corrective action plan is due to CTA before 3/5/2020

## 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 - all care givers and HHM have lapses or missing APS/CAN results.

CG1 - Lapse, due by 7/28/19 but not done until 12/3/19

CG2 - missed 2018, due by 1/18/18, done 12/3/19

CG3 - No 2017 result on file so unable to determine if current dated 7/6/19 was done in the required time frame.

CG4 - Lapsed, due by 1/18/18 but not done until 7/6/19.

HHM1 - No 2018 or 2019 result on file. Current is dated 1/7/2020.

Lori O'Keefe  
Compliance Manager

2/5/2020  
Date

Gracia Agcaoili  
Primary Care Giver

2-5-20  
Date

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

CCFFH Name: **Gracia Agcaoili**  
CCFFH Address: **168 Kohola St. Hilo HI 96720**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.2	Lapsed cannot be corrected. All care givers have current APS/CAN on file.	2/5/20	I did not clearly understand when the renewals are due. This has been explained to me. I have put a sticky note on each of the forms in my binder that need to be renewed so I do not miss it again.

Primary Caregiver's Signature: Gracia Agcaoili

Print Name: Gracia Agcaoili

Date of Signature: 2-5-2020