

# Foster Family Home - Corrective Action Report

Provider ID: 1-100021

Home Name: Angelica Aguilar, NA

91-1136 Ahona Street

Ewa Beach

HI 96706

Review ID: 1-100021-4

Reviewer: David Ayling

Begin Date: 3/3/2021

## 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 new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 4/3/21.

## 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:

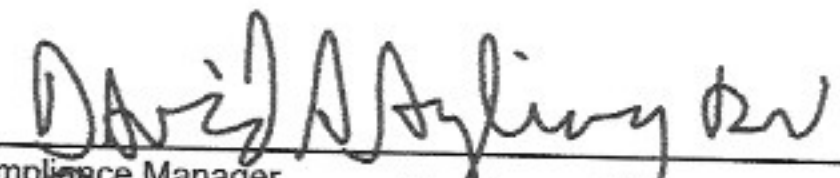
8.(a)(1)(2) - CG #2, HHM #1 and HHM#2 need proof of current APS/CAN and fingerprints.

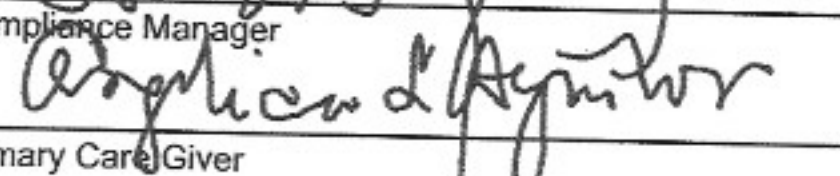
## Foster Family Home Personnel and Staffing [11-800-41]

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

Comment:

41.(b)(8) - No current training in blood borne pathogen and infection control for CG #1 and CG #2.

  
Compliance Manager

  
Primary Care Giver

3/3/2021  
Date

3/3/21  
Date