

# Foster Family Home - Corrective Action Report

Provider ID: 2-559487

Home Name: Gracia Agcaoili, CNA

Review ID: 2-559487-9

168 Kohola Street

Reviewer: Terri Van Houten

Hilo HI 96720

Begin Date: 3/15/2021

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

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

Comment:

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 4/15/2021.

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

41.(j)(3) Authorize all substitute caregivers to permit entrance by case management agency and department staff, with or without prior notice, for the purpose of client monitoring, investigation, and quality assurance review.

Comment:

41.(j)(3) - CCFFH has an electric gate at the driveway without a method to notify the CGs that someone is present outside.

## Foster Family Home Physical Environment [11-800-49]

49.(d)(1) The certificate holder shall ensure that the minimum physical environment requirements as specified in this section are met; and

49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(d)(1)- The kitchen in the home is down a 5 inch step without a ramp. The clients have access to a microwave and a toaster oven, but the CCFFH oven is located in the back yard.

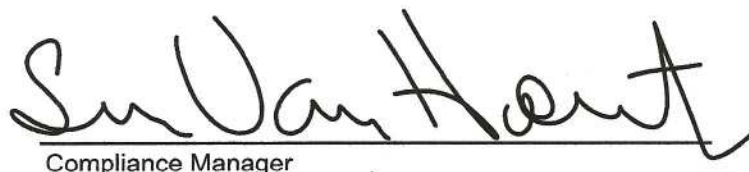
49.(e) - CCFFH did not have any written policy concerning smoking on the property.


## Foster Family Home Client Rights [11-800-53]

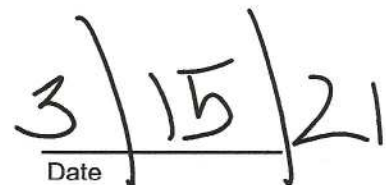
53.(b)(15) Have daily visiting hours and provisions for privacy established;

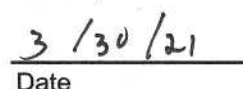
Comment:

53.(b)(15) - CCFFH did not have documented visiting hours established or acknowledged/Signed by the client or the client's POA.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Terri Van Houten, RN, MSN Ed

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Gracia Agcaoili  
(PLEASE PRINT)

CCFFH Address: 168 Kohola St. Hilo HI. 96720  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(i)(3)	Order door bell in the gate at the drive way and install	3/26/21	check and be sure people pass by does not broke the bell.
49.(e)	The written policy is in the clients binder	3/22/21	Put a sign in the wall side of the door (No smoking) (Front door)
49.(d)(i)	Oven is place inside the kitchen.	3/17/21	Never take it out.
	Stepping ramp is place in the door	3/17/21	Be sure ramp not to be move.
53.(b)(15)	Visiting hours is in clients binder and sign by client or POA.	3/22/21	Leave it in clients binder.

All items that were fixed are attached to this CAP

PCG's Signature: Gracia Agcaoili

Date: 3-30-21

CTA has reviewed all corrected items