

Foster Family Home - Corrective Action Report

Provider ID: 1-586224

Home Name: Ofelia Sagucio, RN

Review ID: 1-586224-7

1721 Mahani Loop

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 5/19/2021

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

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

Comment:

6.(d)(1)-Annual inspection conducted for this 2 bed home.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 6/19/2021.

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:

CG#5 APS/CAN lapsed. Was done 7/16/19- and again on 12/9/2020

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

41.(b)(7) CG#4 TB lapsed. Last TB was 9/6/19. No 2020 or 2021 TB.

41.(c) CG#1 has no 2020 training in binder

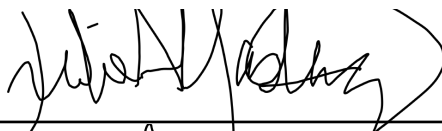
Foster Family Home Client Rights [11-800-53]

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

Comment:

53.(b)(15)

CCFFH has visiting hour sheet showing days to and hours to visit. Home not complying with my choice my way 24 hour visitation policy.



Compliance Manager



Primary Care Giver

5/19/2021

Date

5/19/2021

Date