

Foster Family Home - Corrective Action Report

Provider ID: 1-120065

Home Name: Estela Aganos, NA

Review ID: 1-120065-10

94-414 Kuahui Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/30/2021

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

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

Comment:

Unannounced annual inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/30/2021.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- No evidence of CG#3, CG#4, and CG#6 having conducted a monthly fire drill for the past 12 months.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancies noted on Client #1. One lifesaving medication was not signed in the Medication Administration Record. Another lifesaving medication was in a ziploc bag. CTA unable to determine the medication's identification.

Maribel Nakamine, RN 6/30/2021

Compliance Manager

Date

Estela Aganos
Primary Care Giver

Date