

Foster Family Home - Deficiency Report

Provider ID: 1-240001

Home Name: Sherry Agustin, CNA

Review ID: 1-240001-1

94-149 Mokukaua Street

Reviewer: David Ayling

Waipahu

HI

96797

Begin Date: 1/11/2024

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

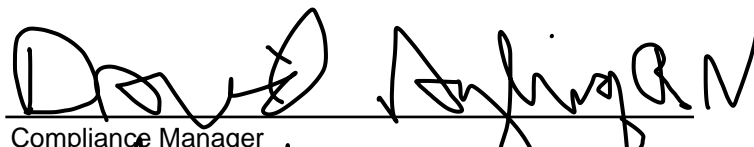
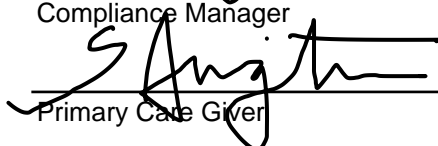
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 2/11/24.

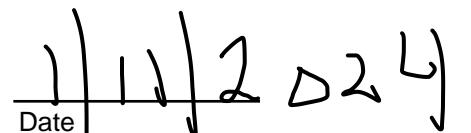

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - Blood Borne Pathogen certification expired on 11/18/2023 for CG #1.


Compliance Manager

Primary Care Giver


Date

Date

PCG's Name on CCFFH Certificate: Sherry Agustin

(PLEASE PRINT)

CCFFH Address: 94-149 Mokuaua St. Waipahu HI 96797

(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-Cb)(8)	I received a current Blood Borne Pathogen - certificate from CG #1. I put the result in my CCFFH - binder.	1/12/24	I put the expiration date for blood borne pathogen for CG #1 on my iPhone - calendar. I put the reminder for 1 month prior to - expiration.

☒ All items that were corrected are attached to this POC

PCG's Signature: Sherry Agustin

Date: 1/11/2024