

Foster Family Home - Deficiency Report

Provider ID: 1-160074

Home Name: Analyn Kagimoto, CNA

Review ID: 1-160074-8

3737 Waiialae Avenue

Reviewer: Julie Hastings

Honolulu

HI 96816

Begin Date: 7/16/2021

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 3 bed home.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 8/16/2021.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

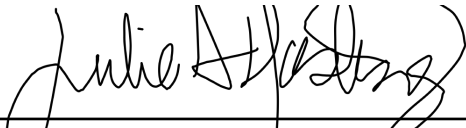
(3P)(a)(4) Staff
Empty work Experience form in binder for CG#4

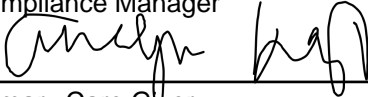
Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) Cockroaches were found in all cupboards, on tables, in bathroom etc.. Cockroach "dirt" found at base of cupboards and drawers in kitchen and bathroom. None seen in Client rooms, but in shared spaces. Refrigerator and freezer dirty and overfilled with old food.



Compliance Manager


Primary Care Giver

7/16/2021

Date

7/16/2021

Date