

# Foster Family Home - Deficiency Report

Provider ID: 1-561698

Home Name: Doreen Pagdilao, CNA

Review ID: 1-561698-14

94-1118 Hapapa Street

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 7/23/2021

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:

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 8/23/2021.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)  
No fingerprints in binder for CG#4 Need two consecutive years.  
CG#2 last eCrim 6/8/19 no 2021  
CG#3 last eCrim 4/23/19 no 2021

8.(a)(2)  
CG#3 last APS/CAN 6/5/18. No 2020 in binder  
CG#4 last APS/CAN 6/15/18 no 2020 In binder

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## Foster Family Home

## Personnel and Staffing

[11-800-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(5)(C)(i) Have a valid driver's license;

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

Comment:

41.(a)(3)  
CG#4 has a blank work experience form in binder.

41.(b)(4)  
CG#3 has no disclosure form

41.(b)(5)(C)(i)  
CG#4 has no ID or drivers licence in binder

41.(b)(7)  
CG#1 TB lapsed last 5/6/19. no 2020 or 2021 in binder  
CG#2 TB lapsed last 12/29/2018  
CG#3 TB lapsed last 2/5/2019  
CG#4 TB lapsed last 03/16/2020

## 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  
CG#2 CNA expired 6/30/21  
CG#3 CNA expired 1/31/20

## Foster Family Home

## Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)  
CG#4 not delegated for Client #1, Client #2 or Client #3

## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire  
Only Jan, Feb, March FD in 2021

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

Comment:

54.(c)(2)

Service plan for Client #1 last dated 9/19/2020

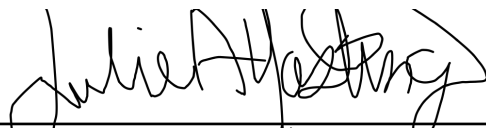
Service plan for Client #2 last dated 11/10/2019

54.(c)(5)

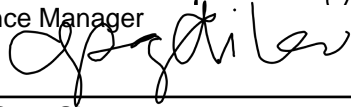
Last Medication entry for Client #1 7/8/2021

Last Medication entry for Client #2 7/5/2021

Last Medication entry for Client #3 7/8/2021



Compliance Manager



Primary Care Giver

7/23/2021

Date

7/23/2021

Date