

# Foster Family Home - Deficiency Report

Provider ID: 1-180065

Home Name: Epifania Tagaca, CNA

Review ID: 1-180065-6

94-553 Laenui Street

Reviewer: Julie Hastings

Waipahu

HI 96797

Begin Date: 7/23/2021

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

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

Comment:

6.(d)(1)  
Home inspection completed for a 2 person CCFFH recertification.

- Home inspection completed for a 2 person CCFFH recertification  
Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 8/23/2021

## Foster Family Home Background Checks [11-800-8]

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)  
8.(a)(2)

CG#2 APS/CAN/Fingerprint lapsed. Was done on 3/4/20. Was due on or before 3/4/2021. No new APS/CAN/Fingerprint.

## 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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

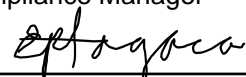
Comment:

41.(b)(4)  
CG#2 and CG#4 do not have disclosure forms in the binder.

41.(f)(1) HHM#3 has no TB. Needs TB . Not Declination form. They live in small space with clients.

  
\_\_\_\_\_  
Compliance Manager

7/23/2021  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Primary Care Giver

7/23/2021  
\_\_\_\_\_  
Date