

Foster Family Home - Deficiency Report

Provider ID: 1-130045

Home Name: Joereyn Bugausan, CNA

Review ID: 1-130045-11

94-1064 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 7/22/2021

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 3 person CCFFH completed.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/22/2021.

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), (2)- APS/CAN of CG#3 lapsed on 3/11/2021 and no current renewal present in the CCFFH binder. CG#5's APS/CAN lapsed on 5/29/2021 and no current renewal present in the CCFFH binder; Ecrim lapsed on 5/7/2021 and renewed on 6/9/2021.

Foster Family Home Personnel and Staffing [11-800-41]

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

Comment:

41.(b)(7)- TB clearance of CG#5 lapsed on 6/2/2021 and no current result present in the CCFFH binder.

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;

Comment:

54.(c)(2)- No Service Plan present in Client #1's chart/binder.

Maribel Nakamine, M 7/22/2021
Compliance Manager Date
Jylin for Joereyn Bugausan 07/22/2021
(SCG) Primary Care Giver Date