

Foster Family Home - Deficiency Report

Provider ID: 1-634354

Home Name: Sonia Pagdilao, CNA

Review ID: 1-634354-11

1046-A Morris Lane

Reviewer: Julie Hastings

Honolulu

HI 96817

Begin Date: 10/5/2021

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:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification
Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 11/5/2021.

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)
CG#3 eCrim lapsed. Was last done 2/4/19. Was due on or before 2/4/21. No new eCrim.

CG#4 eCrim lapsed. Was last done 4/1/19. Was due on or before 4/1/21. No new eCrim.

HHM#2 has no Fingerprint #1 or #2
HHM#2 has no eCrim

8.(a)(2)
CG#1 APS/CAN lapsed. Was done 9/20/19. Was due on or before 9/20/21. No new APS/CAN.

CG#3 APS/CAN lapsed. Was done 6/5/19. Was due on or before 6/5/21. No new APS/CAN.

CG#4 APS/CAN lapsed. Was done 4/1/19. Was due on or before 4/1/21. No new APS/CAN.

HHM#1 APS/CAN lapsed. Was done 9/20/19. Was due on or before 9/20/21. No new APS/CAN.

HHM#2 does not have APS/CAN#1 or APS/CAN#2

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

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7)
CG#2 TB lapsed last TB 2/3/19. no 2020 or 2021 TB in binder.

41.(b)(8)
CG#4 CPR/First aid expired 9/12/21.

41.(f)(1)
HHM#2 has no TB clearance
HHM#4 (minor) has no TB clearance or declination form.

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 does not have work experience form in binder.

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#2 is not delegated for client #1 or client #3

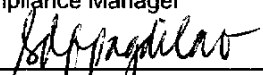
Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)
CG#2 not on liability insurance.



Compliance Manager


Primary Care Giver

10/5/2021
Date

10/5/2021
Date