

Foster Family Home - Deficiency Report

Provider ID: 1-150064

Home Name: Wilna Madayag, CNA

Review ID: 1-150064-9

94-110 Kaupu Place

Reviewer: Julie Hastings

Waipahu

HI 96797

Begin Date: 9/21/2021

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 3 person CCFFH recertification

Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 10/21/2021.

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#1 fingerprints dated 2015 and 8/14/18 in binder no 2016, No eCrim

CG#2 only 1 set fingerprint 8/14 2018 last e-Crim 8/15/18. no 2020

CG#3 2016 and 2018 no 2017 fingerprint, APS/CAN lapsed 2/1/18. due 2/1/20. did 7/23/20. No eCrim

CG#4 APS/CAN Fingerprint lapsed. did 5/22/17-9/30/19 due 2018 for #2 No eCrim

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

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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(b)(7)

CG#3 has no valid 202 documentation

CG#4 has no 2021 TB last was 6/2020

41.(e)

CG#2, CG#3. CG#4 only approved for a two client home. Documents in the home do not support on site approval.

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d)(2)

Client #2 last service plan is dated 5/25/2020

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Foster Family Home

Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) Visiting hours are to be 24/7 with no restrictions.

Foster Family Home

Records

[11-800-54]

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

Comment:

54.(c)(5)
Client #3 one medication does not match medication record, MD orders or pill bottle.



Compliance Manager



Primary Care Giver

9/21/2021

Date

9/21/2021

Date