

Foster Family Home - Deficiency Report

Provider ID: 1-160097

Home Name: Lea Daguro, CNA

Review ID: 1-160097-8

2194 Wilson Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 12/8/2021

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 for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 1/8/22.

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 and fingerprints expired on 4/3/2021 for CG #1 and CG #2. Renewed on 10/15/2021.

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

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

Comment:

41.(b)(8) - No current CPR/First Aid certification for CG #3. Expired on 8/9/2021.

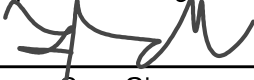
Foster Family Home Records [11-800-54]

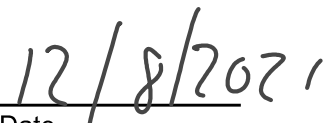
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

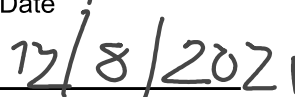
Comment:

41.(b)(8) - No monthly RN visit documentation since March 2021 for Client #2 and Client #3.


Compliance Manager


Primary Care Giver


Date


Date