

Foster Family Home - Deficiency Report

Provider ID: 1-561094

Home Name: Magielyn Dulay, CNA

Review ID: 1-561094-9

2421 Kini Place

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 10/20/2021

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

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

Comment:

6.(d)(1)-Annual inspection conducted for this 3 bed home.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 11/23/2021.

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)
HHM#3 only has one set of fingerprints dated 7/18/18

8.(a)(2)
CG#4 APS/CAN lapsed. last APS/CAN in binder is dated 10/18/2019 No 2021 APS/CAN

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

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

Comment:

41.(f)(1)
HHM#3 has no 2020 or 2021 TB clearance

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

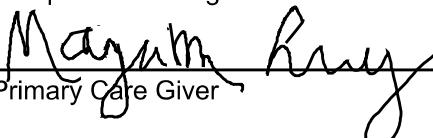
(3P)(b)(1) Fire
last Fire Drill 9/9/19 no 2020 no 2021 Fire Drills.



Compliance Manager

10/20/2021

Date



Primary Care Giver

10/20/2021

Date

CTA RN Compliance Manager: Julie Hastings

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Magielyn V. Dulay
(PLEASE PRINT)

CCFFH Address: 2421 Kini Place Hon. HI 96819
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8(a)(1)	HHM #3 The 2nd set of fingerprints completed and it will be placed in [redacted] Binder.	11/19/21	CG #1 will make sure to get completed requirements for any new CG, HHM to CCFFH and filed in chart. CG will mark due dates on wall calendar for reminder.
8(a)(2)	CG #4 Did not wish to provide APS/CAU and wanted to be removed as [redacted] CG.	11/1/21	CG #1 will make sure to submit Removal Form.
41(F)(1)	HHM #3 Lapse cannot be corrected, 2021 TB clearance was obtained it was placed into [redacted] Binder	11/19/21	Foster Homes know the importance of Background checks. I will now set place all APS/CAU, eCrim, fingerprints and ALL other special due dates 30 days prior on my calendar and placed it on my refrigerator to avoid any future lapses.

All items that were fixed are attached to this CAP

PCG's Signature: Magyuh Rey

Date: 11/19/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Julie Hastings

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: 2421 Kini Pl. Honolulu, HI 96819
(PLEASE PRINT)

CCFFH Address: _____
(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
(39)(b)(i)	Lapsed cannot be corrected. Fire drill was done by CG #1. Form has been put into home binder.	10/22/21	Home fire drill will be conducted by all CG's day, evening, & night alternately in the future so this will not happen again CG will mark due dates on wall calendar

All items that were fixed are attached to this CAP

PCG's Signature: Margaret Reay

Date: 11/19/21

CTA has reviewed all corrected items