

Foster Family Home - Deficiency Report

Provider ID: 1-562068

Home Name: Leticia Dagulo, CNA

Review ID: 1-562068-8

95-528 Wailoa Loop

Reviewer: Maribel Nakamine

Mililani

HI 96789

Begin Date: 12/14/2021

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

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

Comment:

6.d.1- Unannounced annual inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 1/14/2022.

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)- HHM2's TB clearance expired on 2/21/2021 and no current renewal 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)- Client #1's Service Plan dated 7/5/2021 without the POA/Client's signature.

Maribel Nakamine, W

Compliance Manager

Leticia Dagulo

Primary Care Giver

12/16/2021

Date

12/16/2021

Date