

Foster Family Home - Deficiency Report

Provider ID: 1-180048

Home Name: Elvissa Pagulayan, CNA

Review ID: 1-180048-9

5674 Dovekie Avenue

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 5/9/2022

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

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

Comment:

Unannounced inspection made for a 3-bed recertification. Corrective action report issued during inspection with corrective action plan due to CTA on 6/9/2022. (30 days from the date the CCFH is given their deficiency report).

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.2 APS/CAN checks were due on or before 4/23/2022. No 2022 APS/CAN checks present.

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 No proof of current 2021-2022 positive/negative TB skin test for C [REDACTED]. Last negative skin test for C [REDACTED] was expired on [REDACTED].

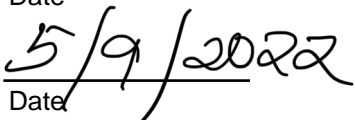
41.b.8 C [REDACTED] CPR/1st aid are expired on [REDACTED]. Nothing present.



Compliance Manager
Elvissa Pagulayan

Primary Care Giver



Date


Date