

# Foster Family Home - Deficiency Report

Provider ID: 1-561094

Home Name: Magielyn Dulay, CNA

Review ID: 1-561094-11

2421 Kini Place

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 8/22/2022

## 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 inspection made for a 3-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 9/22/2022. (30 days from the date the CCFFH is given their deficiency report).

## 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. And 8.a.2 CG#4 , HHM#2, HHM#3 does not meet the two sets of APS, CAN, Fingerprints within a 12 months period.

## 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 ■ G #2, #3, #4 have lapsed in their TB test and/or screening. ■ G #2 (HHM#1) TB expired on 11/4/2021 and renew on 1/26/2022. ■ G#3 TB expired on 11/6/2021 and renew on 3/29/2022. ■ G#4 is missing previous record for TB test/screening in 2021.

41.f.1 HHM #1, 2, 3 have missing or lapsed TB test and/or screening. HHM #2 is missing a positive test to qualify for yearly screening. HHM#3 lapsed for TB; expired on 10/7/2020. And no new present.

41.b.8. SCG#4 is missing her BBP, no new certificate present.

## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.a. CG#3 and #4 did not received training in the Emergency Preparedness Plan. Sign in sheet not signed.

Compliance Manager

Primary Care Giver

Date

Date