

Foster Family Home - Deficiency Report

Provider ID: 1-200071

Home Name: Maria Nimfa Agbayani, CNA

Review ID: 1-200071-6

94-280 Kahualena Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 9/23/2022

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 recertification conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 10/23/22.

PCG requests to increase from a 2-client to a 3-client CCFFH.

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)- CG#2's APS/CAN/Fingerprinting was over the 6 months requirement as CG#1 requested to increase to a 3-client CCFFH.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegations on Foley care present for CG#1 and CG#2.

Maribel Nakamine, RN

Compliance Manager
[Signature]

Primary Care Giver
Date: 9/23/22
Date: 9/23/22