Foster Family Home - Deficiency Report

Provider ID: 1-190010

Home Name: Alona Pagdilao, CNA Review ID: 1-190010-10

2820 Kalihi Street Reviewer: Po Lim

Honolulu HI 96819 Begin Date: 11/15/2022

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 12/15/2022. (30 days from the date the CCFFH is given their deficiency report).

CCFFH applying to increase from 2 beds to 3 beds.

Foster Family H	ome Background Checks	[11-800-8]
8.(a)(1)	Be subject to criminal history record checks in accordance w	ith section 846-2.7, HRS;
8.(a)(2)	Be subject to adult protective service perpetrator checks if the	e individual has direct contact with a client; and
Comment:		

8.a.1. And 8.a.2. CG#2 did not meet the 2 sets of APS/CAN/Fingerprints within the 12 months period.

Foster Family H	lome Personnel and Staffing	[11-800-41]
41.(a)(3)	Have at least one year of experience in a home setting as	a NA, a LPN, or a RN; and
41.(b)(8)	41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.	
Comment:		

41.a.3 (3P Staff). CG#2,#3,#4 is missing work/home experiences.

41.b.8 CG#2 missing first aid.

3 Person Staffi	g 3 Person Staffing Requirements	(3P) Staff
(3P)(a)(3) Staff	A current Licensed Practical Nurse license plus one	ear of experience in a home setting. If the license is expiring

A current Licensed Practical Nurse license plus one year of experience in a home setting. If the license is expiring within the next 30 days, evidence of a new license must be provided, substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E)

HRS, or;

Comment:

3P.a.3. CG#2, 3, 4, missing work/home experiences.

Foster Family Home - Deficiency Report

Foster Family Ho	ome	Fire Safety	[11-800-46]	
46.(b)(2)	All caregiv	ers have been trained to implement app	propriate emergency procedures in	the event of a fire.
Comment:				
46.b.2. CG#3 hav	e not con	ducted a fire drill in the past 24 mon	ths. Last conducted was 10/20	20.
3 Person Fire Sa	fety,	3 Person Fire Safety	(3P) Fire	
Natural Disaster				
(3P)(b)(6) Fire	shall includ	le all SCGs at least once per year		
Comment:				

3P.b.6. CG#3 did not conducted a fire drill since 10/2020.

Compliance Mahager

Primary Care Civer

Page 2 of 2

Date

11/15/2022 3:16:45 PM

Community Care Foster Family Home (CCFFH) Written Plan of Correction (POC) Chapter 11-800

PCG's Name on CCFFH Certificate: Alona Pagdilao Foster Home

(PLEASE PRINT)

CCFFH Address: 2820 Kalihi St. 1, Honolulu, 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) & 8.(a) (2)	CG #2 has APS, CAN, Fingerprints done on 10/12/2022, just forgot to update binder.	11/15/20 22	I will make sure to get updated requirements from CG and file it in the binder. CCFFH will use a planner to put all due dates.
41.(a) (3)	CG # 2, 3, and 4 are ■cg's since opening of CCFFH. Job experiences form completed.	11/21/20 22	I will read the requirements and HAR.
41.b.8	CG #2 has bloodborne pathogen, infection control training done on 1/05/2022. CPR and First Aid done on 9/6/2022.	11/15/20 22	CCFFH will use a planner to put all due dates of in-services and CPR/first aid for ■CG's.
46.(b) (2)	CG #3 conducted fire drill training On 11/16/2022.	11/16/20 22	CCFFH will use a planner to put all due dates.

All items that were corrected are attached to this POC

PCG's Signature:

arpeg de av

Date: 11/21/2022

X CTA has reviewed all corrected items