

# Foster Family Home - Deficiency Report

Provider ID: 1-180048

Home Name: Elvissa Pagulayan, CNA

Review ID: 1-180048-11

5674 Dovekie Avenue

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 4/26/2023

## 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 visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 4/26/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(c) State Name Check (eCrim) was overdue for CG# 1. State Name Check (eCrim) was due on or before 3/18/2022 is not present in the CCFFH file.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

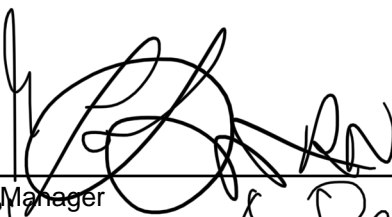

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG# 1, #2, #3. It was due on/before 1-21-2023.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) CG#3 did not conduct a fire drill in the past 12 months.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

4/26/23  
\_\_\_\_\_  
Date  
4/26/23  
\_\_\_\_\_  
Date