Foster Family Home - Deficiency Report

Provider ID: 1-220046

Home Name: Michael James Aguinaldo, NA Review ID: 1-220046-3

1596 Kaweloka Street Reviewer: Maribel Nakamine

Pearl City HI 96782 Begin Date: 3/31/2023

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 home visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 3/31/23).

Foster Family H	ome Background Checks	[11-800-8]	
8.(a)(1)	Be subject to criminal history record checks in ac	ccordance 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		and
Comment:			

8.(a)(1), (2)- CG#1's APS/CAN/Fingerprinting lapsed on 1/18/23 and no current result was present.

Foster Famil	ly 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.		
41.(c)	41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.		

Comment:

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 1/17/23 and no current TB result was present.

41.(b)(8)- CG#1's blood borne pathogen and infection control training lapsed on 1/22/23 and no current certification was present.

41.(c)- CG#1 without the required I2 hours of annual in service for the year 2023; CG#2 without the required 8 hours of annual in service for the year 2022 and 2023.

Foster Family Hon	ne Fire Safety	[11-800-46]
0		naintain a record, in the home, of unannounced fire drills at different times shall be conducted at least monthly under varied conditions and shall
46.(b)(2) A	Il caregivers have been trained to implem	nent appropriate emergency procedures in the event of a fire.

46.(a), (b)(2)- No nighttime monthly fire drill was conducted and CG#2 without evidence of conducting a monthly fire drill.

Maibel Nakamire, M 3/31/23

Compliance Manager

M'Chiel James Ayrinallo

Primary Care Giver

Date

Date

Date