

# Foster Family Home - Deficiency Report

Provider ID: 2-596463

Home Name: Norma Subia Tagatac, LPN

Review ID: 2-596463-22

4334 Puaole Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 2/27/2023

## 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 recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued 2/27/23).

PCG requests to increase from a 2-bed CCFFH to a 3-bed 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 lapsed on 7/3/22 and result was not done until 10/12/22. CG#3's APS/CAN/Fingerprinting lapsed on 7/21/22 and no current result was present. CG#5 without a second set result of APS/CAN/Fingerprinting present.

## Foster Family Home 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)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(a)(3)- CG#3, CG#5, and CG#6 were without the Job Experience Forms completed.

41.(b)(7)- CG#6's TB clearance lapsed on 3/24/22 and was not done until 5/4/22.

## Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- One as needed lifesaving medication was not available during CCFFH inspection.

Maribel Nakamine, RN 2/27/23  
Compliance Manager  
Norma Tagatac 2/27/23  
Primary Care Giver  
Date