

Foster Family Home - Deficiency Report

Provider ID: 1-090098

Home Name: Raquel Lagpacan, CNA

Review ID: 1-090098-11

94-427 Kuahui Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 2/17/2023

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 annual inspection.

Deficiency Report issued during CCFFH inspection via email on 2/17/2023 with Plan of Correction due to CTA within 30 days of inspection date of 2/17/2023.

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

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.(a)(1) Fingerprint was overdue for CG# 3. Fingerprint was due on or before 9/8/2022 and is not present in the CCFFH file. CG#3 did not meet the two sets of APS/CAN/Fingerprint requirement within 12 months.

8(a)(2) APS/CAN checks were lapsed for CG#1 and HHM# 1. APS/CAN was due on or before 3/11/2022 and was completed on 9/13/2022.

8(c) State Name Check (eCrim) was lapsed for CG#1 and HHM# 1. State Name Check (eCrim) was due on or before 3/11/2022 and was completed on 9/5/2022.

CG#3 Ecrim expired on 2/1/2023 and renewal not present in the CCFFH file.

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Personnel and Staffing

[11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.a.2 CG#2 and #3 have expired CNA licenses, no renewal present.

41(a)(3) No job experience form present for CG#2 and CG#3.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2 and CG#3.

41.(f)(1) No current clearance for HHM# 1. TB Clearance was due on/before 2/12/2022.

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Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54(c)(2) No current service plan present for Client#2. Last one in record is dated 8/02/2021.

No current service plan present for Client#3. Last one in record is dated 10/01/2021.

Compliance Manager

Primary Care Giver

Date

Date