

Foster Family Home - Deficiency Report

Provider ID: 1-180054

Home Name: Rhodora Magaoay, CNA

Review ID: 1-180054-11

94-143 Haaa Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 5/2/2023

Foster Family Home	Required Certificate	[11-800-6]
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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 5.2.2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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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 HHM#1 and HHM #2. State Name Check (eCrim) was due on or before 4/16/2023 and is not present in the CCFFH file.

Foster Family Home	Personnel and Staffing	[11-800-41]
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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 CPR/AED/First Aid/Bloodborne Pathogen/Infection control training for CG# 3. It was due on/before 11/22/2022. Not present in the file.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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(3P)(a)(2) Staff A current Registered Nurses license and if expiring within the next 30 days, evidence of a new license and one year of experience in a home setting, 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.2. CG#3 RN license expired on 6/30/2021 and no new in the file.

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Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client # 1 and Client #2 for CG# 2 and CG#3.

Foster Family Home


Records

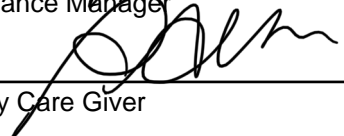
[11-800-54]

54.(c)(8) Personal inventory.

Comment:

54(c)(8) Client# 1 and #2 did not have evidence that a personal inventory log has been initiated and/or maintained.



Compliance Manager


Primary Care Giver

5/2/23

Date
6/2/23

Date