

Foster Family Home - Deficiency Report

Provider ID: 1-180065

Home Name: Epifania Tagaca, CNA

Review ID: 1-180065-11

94-715 Kaaka Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 5/11/2023

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 5/11/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

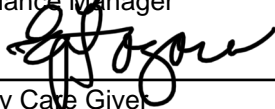
41(a)(3) No job experience form present for CG#2.

41.(b)(7) CG# 4 TB clearance was not sign by a provider. (i.e. MD, NP, PA, DO)

41.(h) CG #2 is not approved to work in a 3 bed CCFFH.



Compliance Manager



Primary Care Giver

5/11/23

Date

5/11/23

Date