

Foster Family Home - Deficiency Report

Provider ID: 1-561698

Home Name: Doreen Pagdilao, CNA

Review ID: 1-561698-18

94-1118 Hapapa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/11/2023

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 7/11/23).

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for HHM#2 and HHM#3.

Foster Family Home Records [11-800-54]

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

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

Comment:

54.(c)(2)- Client #1 without a Service Plan present in client's chart/record. Client #2's Service Plan lapsed on 4/23/23 and no current Service Plan present in chart/record.

54.(c)(5)- Client #1's Medication Administration Record(MAR) was last signed on 7/4/23. No signatures present from 7/5/23 -7/11/23 (am). Client #2's MAR was last signed on 7/5/23 am. No signatures were present from 7/6/23-7/11/23 (am).

Maribel Nakamine, RW 7/11/23
Compliance Manager Date
Doreen Pagdilao 7/11/23
Primary Care Giver Date