

Foster Family Home - Deficiency Report

Provider ID: 1-561094

Home Name: Magielyn Dulay, CNA

Review ID: 1-561094-13

2421 Kini Place

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 7/12/2023

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 7.12.2023 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.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG# 2 and HHM# 1. CG# 2/HHM#1 was due on/before 1/26.2023 and no new in file.

41.g. Basic skills check present in record for CG# 2 and CG#3, but missing CMA RN authorized review and signatures.

Foster Family Home 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 for CG# 3.

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**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) The CCFFH did not have evidence that fire drills had been conducted monthly. Missing June 2023.

Foster Family Home

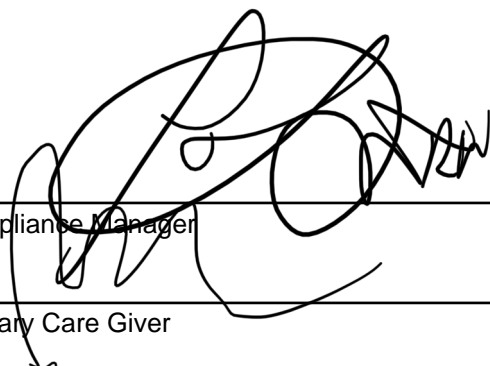
Records

[11-800-54]

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


Comment:

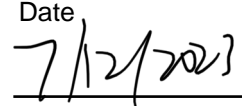
54(c)(2) No current service plan present for Client# 2. Last one in record is dated 5/10/2022. Service plan is missing signatures of client/POA.



Compliance Manager

Primary Care Giver



Date


Date