

Foster Family Home - Deficiency Report

Provider ID: 1-200071
Home Name: Marla Nimfa Agbayani, CNA **Review ID:** 1-200071-8
 94-280 Kahualena Street **Reviewer:** Maribel Nakamine
 Waipahu HI 96797 **Begin Date:** 9/8/2023

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 9/8/23).

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

Comment:

8.(a)(1), (2)- CG#1's APS/CAN lapsed on 11/30/23 and was not done until 3/30/23; Ecrim lapsed on 11/11/22 and was renewed on 12/2/22.

Foster Family Home Personnel and Staffing [11-800-41]

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

Comment:

41.(b)(7)- CG#2's TB clearance result dated 6/22/23 did not have either an MD, APRN, nor a physician's assistant's signature.

Maribel Nakamine, RN

 Compliance Manager

9/8/23

 Date

[Signature]

 Primary Care Giver

9/8/23

 Date

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Maria Nimfa Agbayani
(PLEASE PRINT)

CCFFH Address: 94-280 Kahualena Street Waipahu Hawaii-96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1)	Lapsed cannot be corrected	9/15/23	Will use calendar reminder for all the due dates on. Criminal History record checks will be done at least 2 weeks before due date to prevent future lapses.
8.(a)(2)	Lapsed cannot be corrected	9/15/23	Will use calendar reminder for all the due dates on. APS/CAN checks will be done 4 weeks before due date to prevent future lapses.
41.(b)(7)	CG#2's 6/22/23 TB clearance was obtained. It was placed into home record.	9/22/23	Home will use a calendar reminder to identify when requirements are due to prevent them from expiring. CG#1 will inform other caregiver when it's due 3 weeks before and check if signed by MD, APRN.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 9/29/2023

CTA has reviewed all corrected items