

Foster Family Home - Deficiency Report

Provider ID: 1-510976

Home Name: Teresita Pagtama, CNA

Review ID: 1-510976-14

94-468 Alapine Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 1/23/2024

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 annual inspection for 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 1/23/2024).

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): Evidence by CCFFH of lapse of ecrim clearance for HHM#3. Documents provided by CCFFH show lapse from 6/9/2023 to 7/31/2023.

8.(a)(2): Evidence by CCFFH of lapse of APS/CAN clearance for CG#3. Documents provided by CCFFH show lapse from 4/02/2023 to 4/30/2023.


8.(a)(2): No evidence by CCFFH of current APS/CAN clearance for HHM#3. Documents provided by CCFFH of last APS/CAN clearance dated 6/22/2021.

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

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

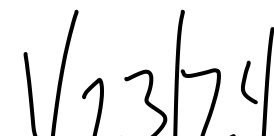
Comment:

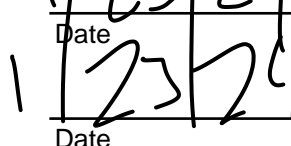
41.(b)(7): Evidence by CCFFH of lapse of TB clearance for CG#2. Documents provided by CCFFH of lapse from 4/08/2023 to 4/27/2023.



Compliance Manager


Primary Care Giver



Date


Date