

# Foster Family Home - Deficiency Report

Provider ID: 1-511180

Home Name: Leilani Nagtalon, CNA

Review ID: 1-511180-19

92-638 Auwaea Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 6/10/2024

## 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 visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 6/10/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8(a)(2) APS/CAN checks were overdue for CG#3. APS/CAN was due on or before 3/1/2024 and is not present in the CCFFH file.

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

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance CG# 4. CG#4 TB clearance lapsed, was due on/before 7/27/2023 and was done on 11/22/2023.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#2. It was lapsed and due on/before 3/31/2024, but was completed on 4/15/2024.

## 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. Last drill was on 4/8/2024.

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Foster Family Home


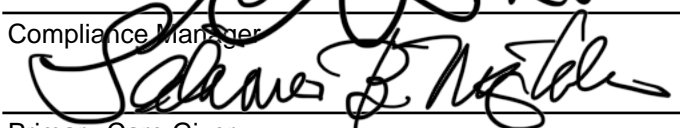
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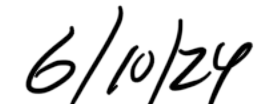
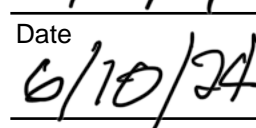
[11-800-54]

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

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Comment:

54(c)(5) MAR was not documented daily for Client #3. Sheet not completed from 05/08/24 to 06/09/24.

  
\_\_\_\_\_  
Compliance Manager  
  
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Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date