

Foster Family Home - Deficiency Report

Provider ID: 5-577380

Home Name: Cristina Dullaga, CNA

Review ID: 5-577380-22

1657 Malakia Street

Reviewer: Maribel Nakamine

Kapaa

HI 96746

Begin Date: 8/13/2024

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 8/13/24).

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)- HHM#3 and HHM#4's APS/CAN, Ecrim lapsed on 1/6/24 and no current results were present. HHM#5 without any results of APS/CAN/Fingerprint.

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#5.

Maribel Nakamine, RN
Compliance Manager
C. Dullaga
Primary Care Giver

8/13/24
Date
8/13/24
Date