

# Foster Family Home - Deficiency Report

Provider ID: 1-561094

Home Name: Magielyn Dulay, CNA

Review ID: 1-561094-15

2421 Kini Place

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 6/26/2024

## 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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 6/26/2024).

6.(d)(1): No documentation provided by CCFFH of current 1147 assessment for client #3.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(b)(4): No documentation provided by CCFFH of a completed substitute caregiver disclosure form for CG#5.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff: Caregiver sign in and out sheet not updated. CG#1 currently on trip and CG change not reported. On 2/02-2/20/2024, CG#3, considered a NA, watched clients with no CNA substitute caregiver based on documents provided. CG#3 confirmed the situation.

## 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 documentation provided by CCFFH of RN Delegation by client #1's case management agency to any caregivers regarding oral suctioning.

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Foster Family Home

Records

[11-800-54]

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

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Comment:

54.(c)(5): No documentation of medication administration for one medication started on 5/3/2024 for client #2. No supply on hand at CCFFH.

54.(c)(5): Medication dosage discrepancy noted for one medication from what is being administered compared to medication administrative record (MAR).

  
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Compliance Manager  
  
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Primary Care Giver

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