Foster Family Home - Deficiency Report					
Provider ID:	1-634437				
Home Name:	Priscilla Tag	gata, CNA	Review ID:	1-634437-	18
99-466 Ulune Str	eet		Reviewer:	Ryan Naka	amura
Aiea	Н	l l 96701	Begin Date:	10/17/2024	4
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: 10/17/2024)					
3 Person Staff	ing	3 Person Staffing Re	equirements		(3P) Staff
(3P)(a)(5) Staff					ve hours of continuing education every twelve months nty-four months, per 321-483(b)(4)(B) HRS.
Comment:					
(3P)(a)(5) Staff: No documentation provided by CCFFH of CG#2, CG#4, and CG#5 meeting minimum requirement of 12 hours annual in-service training with past 12 months or at least 24 hours in the past 24 months.					
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 n delegate client care and services as provided in chapter 16-89-100. Comment:					
43.(c)(3): No evidence provided by CCFFFH of RN delegation of topical medication administration given to any caregivers by client #2's case management agency.					
3 Person Fire		3 Person Fire Safety	,		(3P) Fire
Natural Disast	er				
(3P)(b)(6) Fire	shall inclue	de all SCGs at least once	e per year		
Comment:					
(3P)(b)(5) Fire: No evidence provided by CCFFH of CG#3 conducted a fire drill at least once in the past 12 months.					
Foster Family Home		Medication and Nutrition			[11-800-47]
47.(d)	Use of phy	sical or chemical restrair	nts shall be:		
47.(d)(1)					
Comment:	_,	···········			
47.(d)(1): No documentation of physician order for use of bed side rails for client #1.					

Compliance Manager

Configliance Manage

Primary Care Giver

10/17/24 Date

10/17/24 Date