

Foster Family Home - Deficiency Report

Provider ID: 1-560294

Home Name: Thelma Maglines, CNA

Review ID: 1-560294-16

94-1192 Hina Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 8/4/2025

Foster Family Home	Required Certificate	[11-800-6]
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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 8/4/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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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) Sex Offender check are not present for CG#1, #2, #3, and #4; and HHM#2, #3, #4, and #5.

Fingerprint was not present for HHM#2. Fingerprint was not present in the CCFFH file.

8(a)(2) APS/CAN checks were not present for HHM#2.
APS/CAN was not present in the CCFFH file.

Foster Family Home	Information Confidentiality	[11-800-16]
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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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#5 and #6.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(2)	Be a NA, an LPN, or RN;
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).
41.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
41.(c)	The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.
41.(f)(1)	Tuberculosis clearances that meet department of health guidelines; and

Comment:

41(a)(2) CNA Prometric registry check are not present for CG#1, #2, and #3.

41.b.4. Disclosure form present is not up to date for CG#1. HHM#2 is listed as HHM, however, file is not present in CCFFH records.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#5. CG#5 CPR/1st aid not present on file. CG#5 and #6 does not have previous evidence of Bloodborne Pathogen/Infection control taken from 2024.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#5 and #6. CG#5 and #6 requires 12 hours of in-service training, but had only ZERO hours attended in 2024.

41.(f)(1) No current TB clearance for HHM#2.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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(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.
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Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH. Last entry was on 6/13/2025. Currently PCG is out of the country since July 2025.

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Records

[11-800-54]

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

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54(c)(5) No MAR present for 8/2025 for Client# 2.

MAR was not documented daily for Client#3. Sheet not completed from 7/22/25 to 8/3/25.

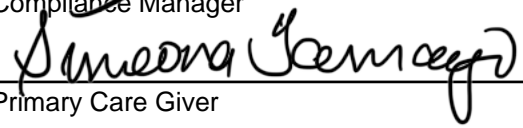
54(c)(6) No ADL and Vitals flow sheet present for Client# 2 for 8/2025.

ADL and Vitals flowsheet was not documented daily for Client#1. Sheet not completed from 7/22/25 to 8/3/25.

ADL flowsheet was not documented daily for Client#3. Sheet not completed from 7/22/25 to 8/3/25.

No Vitals flow sheet present for Client#3 for 8/2025.


Compliance Manager


Primary Care Giver


Date


Date