

Foster Family Home - Corrective Action Report

Provider ID: 1-160004

Home Name: Leonida Agasid, CNA

Review ID: 1-160004-7

94-1166 Hina Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 2/4/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of corrections due on 3/4/2021.

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#2 and HHM#3 were without APS/CAN/Fingerprinting results present in the CCFFH binder.

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)- N confidentiality policies and procedures and client privacy rights training done for HHM#2 and HHM#3.

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

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(6)- Noted a wall at the end of the CCFFH's hallway boarded/closed with a plywood that leads to another part of the CCFFH. CG#1 was unable to produce a permit. Per CG#1, there's currently 2 adults occupying/renting the unit.

41.(f)(1)- HHM#2 and HHM#3 without TB clearances results present in the CCFFH binder.

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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 RN delegation present for CG#3 and CG#4 on [REDACTED] Medications Administrations for Client #3. Also no CMA RN signatures present on those delegations that were done for CG#1 and CG#2.

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Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- No bedroom door lock from the inside of Client #2 and Client #3's shared bedroom door for their privacy.
53.(b)(9)- No written authorization present from clients/POAs for a video monitoring device inside Client #2 and Client #3's shared bedroom.

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Records

[11-800-54]

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

Comment:

54.(c)(5)- One medication label for Client #3 did not match the MD's order and the Medication Administration Record (MAR). Noted that there were 2 different types of medication inside that bottle- 5 bigger/round pills matched the label's description of the medication and the other 21 round small pills did not. Per CG#1, she poured the newer medication bottle into the old bottle and had discarded the newer bottle. CTA unable to determine the identity of the smaller pills/medication.

Marilyn Nakamine, RN 2/4/2021

Compliance Manager

Date

2-4-21

[Signature]
Primary Care Giver

Date