

# Foster Family Home - Corrective Action Report

Provider ID: 1-160014

Home Name: Krystle Agaton, LPN

Review ID: 1-160014-8

94-334 Pupukahi Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/12/2021

## 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 3/12/2021.

## 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)- No APS/CAN/Fingerprinting present for all household members occupying beyond a locked doorway in the CCFFH's living room that extends to another part of the home and an upstairs area. Per CG#1, there are multiple renters upstairs and the downstairs were occupied by her landlord.

## 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)- Additional household members living beyond the connecting doorway of the CCFFH's living room were without the confidentiality policies and procedures and client privacy rights training present in the CCFFH binder.

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## Foster Family Home

## Personnel and Staffing

[11-800-41]

- 41.(a)(1) Reside in the community care foster family home;
- 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)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 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
- 41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

### Comment:

- 41.(a)(1)- No written authorization included in the Rental Agreement that CG#1 can operate a CCFFH in the property.
- 41.(b)(4)- Primary Caregiver Disclosure form was not updated to reflect the additional household members living beyond a locked doorway that leads to another part of the CCFFH/home (downstairs and upstairs living areas per CG#1).
- 41.(b)(7)- CG#1's TB clearance lapsed on 2/13/2020 and renewed on 1/7/2021. CG#2's lapsed on 11/13/2020 and renewed on 12/31/2020. CG#3's lapsed on 10/23/2020 and renewed on 12/29/2020.
- 41.(c)- CG#1 and CG#5 were without an annual in-service hours; CG#3 and CG#4 both were short of 2 hours for the year 2020.
- 41.(f)(1)- Additional household members living beyond the locked door of the CCFFH's living room were without TB clearances.
- 41.(g)- No Basic Skills Checklist for CG#5 present on Client #1's chart.

## 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 RN delegations present for CG#5 on [REDACTED] Administration and [REDACTED] on Client #1 and Client #2 [REDACTED] Administration only charts.

## Foster Family Home

## Physical Environment

[11-800-49]

- 49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;
- 49.(a)(6) A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.
- 49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

### Comment:

- 49.(a)(4), (6)- Front door ramp was obstructed with clutters such as a large cooler, large elongated box, stroller, a shoe rack, etc. preventing a clear pathway in the event of an emergency/evacuation.
- 49.(c)(3)- The CCFFH's front door screen contained holes and several ripped areas that bugs/mosquitoes/insects can come through and possibly bit the clients; Client 2's window jalousies were loose and potential for glass to fall on client as bed was in close proximity. Client #2 verbalized concerns during CCFFH inspection. Client #3's bedroom with a loose cable line/wire sticking out above client's bedroom door.

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Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- No evidence of CG#2, CG#3, CG#4, and CG#5 having had training in the CCFFH's Emergency Preparedness Plan.

Foster Family Home

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)- One medication with a dosing of twice per day was not available on hand for Client #1 since 2/3/2021.

54.(c)(6)- Month RN Visit Summary/Notes for November 2020 was not present in Client #1's chart.

*Maishel Nakamisa, PA* 2/12/2021

Compliance Manager

Date

*Dr. Agoston LPA*

2/12/2021

Primary Care Giver

Date