Foster Family Home - Deficiency Report

Provider ID: 1-200042

Home Name: Shaina Lei Agcaoili, NA Review ID: 1-200042-3

94-860 Lumiiki Street Reviewer: Maribel Nakamine

Waipahu HI 96797 Begin Date: 7/8/2021

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

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

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/8/2021.

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

Comment:

41.(b)(8)- No CPR and First Aid Certifications present in the CCFFH binder for CG#3.

41.(c)- CG#3 short of 4 more hours of annual training.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case

management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-

800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications side effects for Client #1.

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or

unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)- CCFFH's gate buzzer was not functioning.

Foster Family Home 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)- Clients' bathroom door knob without a lock from the inside. Under the My Choice MY Way, clients should be afforded privacy.

Compliance Manager

Primary (are Giver

7/5/201

Date

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