

Foster Family Home - Deficiency Report

Provider ID: 1-617798

Home Name: Corazon Agarpao, CNA

Review ID: 1-617798-9

94-1099 Waipahu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/15/2021

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 annual inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 10/15/2021.

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#5 without a 1st and 2nd year of Fingerprinting present. CG#4's APS/CAN lapsed on 3/12/21 and was done on 4/14/21. CG#6's APS/CAN lapsed on 4/4/21 and was done on 4/14/21.

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

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

Comment:

41.(f)(1)- TB clearance expired for HHM#5 on 4/27/21. No current result present.

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

Comment:

54.(c)(2)- Client #1's Service Plan expired on 11/2020.

54.(c)(5)- Medication discrepancy noted for Client #3. There was one medication's label that did not match the dose with MD's order and the Medication Administration Record(MAR). Medication label's dose was [REDACTED]; MD's order and MAR were [REDACTED].

Maribel Nakamine, RA
Compliance Manager

9/15/2021
Date

Corazon Agarpao
Primary Care Giver

9/15/2021
Date

CTA RN Compliance Manager: Maribel Nakamine, RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Corazon Agarpao
(PLEASE PRINT)

CCFFH Address: 94-1099 Waipahu Street, Waipahu HI 96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1) (2)	HHM#5 fingerprints filed in home record.	9/16/21	Home will make a check list when due dates for Background checks to all HHM and CG's and obtain at least weeks ahead before due date to prevent lapses.
8.(a)(1) (2)	CG#4 APS/CAN lapse but current placed into home record CG#6 APS/CAN lapse but current placed into home record	9/16/21 9/16/21	Home will make a check list and remind other CG's and HHM's when requirements are due to prevent them from expiring and lapses. Obtain weeks ahead.

All items that were fixed are attached to this CAP

PCG's Signature: Corazon Agarpao

Date: 10/4/2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Corazon Agarpao
(PLEASE PRINT)

CCFFH Address: 94-1099 Waipahu St., Waipahu HI, 96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(f) (1)	HHM#5 2021 TB clearance lapse. Current obtained and placed into home record.	9/27/21	Home will make check list when requirments are due to prevent them from expiring. CG#1 will inform other CG's and HHM's.
54.(c) (2)	Expired Service Plan for Client#1, now current and up to date, placed into the client record done by CMA RN and CG#1.	9/28/21	CG#1 will remind CMA RN before client Service Plan expires and make sure current Service Plan is placed the client record.
54.(c) (5)	Medication discrepancy was corrected by client MD, CMA and CG#1. Medication Administration Record, Doctor's Order and Medication bottle label are now matching to [REDACTED]	9/17/21	CG#1 will look at all doctor's order, medication administration record and medicine bottle label to make sure they all matches every time before giving a medication. Home will notify client doctor, CMA and Pharmacy if they different.

All items that were fixed are attached to this CAP

PCG's Signature: Corazon Agarpao

Date: 10/4/2021

CTA has reviewed all corrected items