

Foster Family Home - Deficiency Report

Provider ID: 1-200071

Home Name: Maria Nimfa Agbayani, CNA

Review ID: 1-200071-3

796 Hoomalimali Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 9/7/2021

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 10/7/2021.

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)- No confidentiality policies and procedures and client privacy rights training present for CG#2, HHM#2, HHM#3, HHM#4, HHM#5, and HHM#6.

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 home.

Comment:

41.(b)(8)- No First Aid training present for CG#2.

41.(c)- CG#2 was short of 3 hours of the required 8 hours of annual in services.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No monthly fire drills completed for the months of February 2021, March 2021, April 2021, and May 2021.

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Foster Family Home **Physical Environment** **[11-800-49]**

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2)- No [REDACTED] present near clients' toilet.

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:

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.(a)- CG#2 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

50.(e)- CCFFH with a closed gate that lacked a communication method with [REDACTED] agency.

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)- Medication Administration Records for Client #1 and Client #2 were last signed on 9/5/2021.

54.(c)(6)- Client #1 and Client #2's ADL/Daily Care Flowsheet were last signed on 9/5/2021.

Marikele Nakaniwe, M

Compliance Manager

9/7/2021

Date

Primary Care Giver

[Signature]

9/7/2021

Date

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Maria Nimfa Agbayani
(PLEASE PRINT)

CCFFH Address: 796 Hoomalimali Street, Pearl City, HI 96782
(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?
16.(b) (5)	CG#1 trained CG#2, HHM#2, HHM#3, HHM#4, HHM#5 the confidentiality and privacy rights of clients. Signed form/document was filed in the CCFFH binder.	9/11/21	All new caregivers and adult household members will be trained 7-10 days of adding them to home.
41.(b) (8)	First Aid was obtained for CG#2. Its was filed in the CCFFH binder.	9/17/21	Caregivers should have current First Aid on file. Will notify two weeks before expiration.
41.(c)	CG#2 completed the 3 hours of annual In-service. It is placed in the CCFFH's binder.	9/14/21	SCG must have 8 hours of In-service annually. Make home checklist reminder.
46.(a)	Lapse cannot be corrected	9/8/21	Fire drill should be conducted monthly. Make a reminder checklist.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 10/1/2021

CTA has reviewed all corrected items

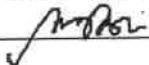
CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Maria Nimfa Agbayani
(PLEASE PRINT)

CCFFH Address: 796 Hoomalimali Street, Pearl City, HI 96782
(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?
49.(a) (2)	██████████ / ██████████ installed.	10/1/21	Home should have ██████████ on clients toilet seat. Make checklist to keep on tracking it.
50.(a)	CG#1 trained CG#2 the CCFFH's Emergency Preparedness Plan. Signed form/document was filed in the CCFFH binder.	9/8/21	New Caregivers will be trained 7-10 days after adding them to home.
50.(e)	Provided doorbell and placed it on the gate.	10/1/21	Use the checklist to keep track on it.
54.(c) (5)	Medication Administration Records were updated and signed for Client #1 and Client #2.	9/7/2021	Medication Administration Records need to update after giving their medications.
54.(c) (6)	ADL/Daily Care Flowsheet Of Client #1 and Client #2 has been updated and signed.	9/7/2021	ADL/ Daily Care Flowsheet must be updated everyday.

All items that were fixed are attached to this CAP
PCG's Signature:  Date: 10/1/2021

CTA has reviewed all corrected items