

Foster Family Home - Deficiency Report

Provider ID: 1-170076

Home Name: Joyce Agustin, CNA

Review ID: 1-170076-9

99-150 Holo Place

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 10/14/2021

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 [REDACTED] on 11/14/2021.

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

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.(g)- CG#4 without evidence of having checked for Basic Skills on Client #2. CG#5 without evidence also of having checked for Basic Skills on Client #3.

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 delegation on Oral/Topical/Ophthalmic medications for CG#4 on Client #2 and on Client #3, there was no RN delegation on Oral medications and [REDACTED] administration for CG#5.

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#5 having been trained with the CCFFH's Emergency Preparedness Plan.

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 #2's Service Plan dated 6/7/2021 without the [REDACTED].

54.(c)(5)- One medication of Client #2 was without an MD order to discontinue; medication was not available during CCFFH inspection.

Maribel Nakamine, RN 10/14/2021
Compliance Manager Date
Joyce Agustin 10/14/2021
Primary Care Giver Date