

Foster Family Home - Deficiency Report

Provider ID: 1-170002

Home Name: Rowena R. Agustin, LPN

Review ID: 1-170002-9

98-241 Hale Momi Place

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 10/11/2021

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 11/11/2021.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; 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.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(a)(3)- No Job Experience form present for CG#4.

41.(c)- CG#2 with zero hour of annual in services for the year 2020 - certificates did not contain the amount of hours earned for each in service sessions.

41.(e)- No substitute caregiver approval form for a 3 client CCFFH present for CG#4.

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.

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(c)- No list of medication side effects present in Client #1's chart.

47.(d), (d)(1)- No MD order present for Client #1's full [REDACTED].

47.(e)- No training present for CG#1, CG#2, CG#3, and CG#4 on Client #1's specialized [REDACTED] and [REDACTED].

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Foster Family Home

Physical Environment

[11-800-49]

- 49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;
- 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.

Comment:

49.(a)(3)- Client #1 without access to a common living area, kitchen, refrigerator, etc.
49.(a)(4), (6) - Client #1 without a wheelchair access to CCFFH's exit doors (front and back of the home) as doors were obstructed with building materials and bulky household furnishings.

Therese Nakomire, M

Compliance Manager

10/11/2021

Date

Magret

Primary Care Giver

10/11/2021

Date