

Foster Family Home - Deficiency Report

Provider ID: 1-615263

Home Name: Arlene Agpalza, CNA

Review ID: 1-615263-9

1740 Piikea Street

Reviewer: Julie Hastings

Honolulu

HI 96818

Begin Date: 10/25/2021

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

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

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification
Deficiency Report issued during home inspection with all approved written corrections due to CTA by 11/25/2021.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)
CG#2 APS/CAN lapsed was done 2/18/19. Was due on or before 2/18/21. Was done again 9/27/21

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.

Comment:

CG#1 CPR card not valid. document appeared to have been altered with new dates of 12/1/2010-12/1/2021 typed in over what appeared to be a whited out and copied document.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(a)(1) Staff An updated Application Form including an updated Disclosure Form.

Comment:

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire
No Fire Drill fCG#3 or CG#4 in 2020

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Foster Family Home

Records

[11-800-54]

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

Comment:

54.(c)(5)

Medication Administration Record for Client #1, #2, and #3 not up to date. No documentation after 10/14/2021.



Compliance Manager



Primary Care Giver

10/25/2021

Date

10/25/2021

Date

CTA RN Compliance Manager: Julie Hastings

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

PCG's Name on CCFFH Certificate: Artene V. AGPALZA
(PLEASE PRINT)

CCFFH Address: 1740 Piikea Street Honolulu, Hawaii 96818
(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)(2)	Lapse cannot be corrected.		Home will make a list posted on the wall on all due dates. Backgrounds checks should be done 3-4 weeks before expiration to prevent future lapse.
41.(b)(8)	New CPR card was obtained by CG #1 and placed in the home's binder for records		Home will make sure to check the dates appeared on the renewed cards to prevent assumed alteration.
(3p)(b)(6)	Fire drill for CG #3 and CG #4 for 2020 cannot be done		Home shall include all CGs in performing the Fire Drill at least once in a year.
54.(c)(5)	Medication Administration Record for client #1, #2, and #3 were documented and placed in clients binders for records.		Home will update MAR from time to time upon giving indications to all clients to prevent unupdated MAR

All items that were fixed are attached to this CAP

PCG's Signature: Artene Agpalza

Date: 11/20/21

CTA has reviewed all corrected items