

Foster Family Home - Deficiency Report

Provider ID: 1-594350

Home Name: Raquel Agpaoa, CNA

Review ID: 1-594350-14

94-1006 Halehau Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/17/2021

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 12/17/2021.

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 evidence of CG#6 of having had the CCFFH's confidentiality policies and procedures and client privacy rights training.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; 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.(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.(b)(4)- CG#7's Substitute Disclosure form was incomplete. No signature of CG#7 on the form.

41.(b)(7)- CG#7's TB clearance expired on 10/14/2021. No current result present in the CCFFH binder.

41.(c)- CG#6 and CG#7 both were short of 2 more hours of the required annual in service hours of 8 hours for the year 2021.

41.(g)- No Basic Skills Checks completed by CG#3 on Client #1.

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 delegations of [REDACTED] Administration present for CG#3 on Client #1 and Client #2.

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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;

Comment:

47.(c)- No list of medications side effects present for Client #1.

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

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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)- CG#3, CG#4, CG#5, CG#6, and CG#7 were without evidence of having had the CCFFH's Emergency Preparedness Plan training.

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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 dated 6/23/21 without the POA's /Client's signature.

54.(c)(5)- Medication discrepancies noted for Client #2. There were 2 medications that didn't match the medications' labels with the MD Orders and the client's Medication Administration Record(MAR).

Maribel Nakamine, RN 11/17/2021
Compliance Manager Date
[Signature] 11/17/2021
Primary Care Giver Date