

Foster Family Home - Deficiency Report

Provider ID: 1-210001

Home Name: Ericka Samantha M. Agrade,
NA

Review ID: 1-210001-5

86-214 Moelua Street

Reviewer: Jackie Chamberlain

Waianae

HI

96792

Begin Date: 12/14/2021

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

The issue of leaving a client in the CCFFH with an unapproved caregiver will be addressed under separate cover. Please continue to address your Deficiency Report and submit by the due date specified on your deficiency report

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) HHM 1 and 2 have not submitted any proof of APS CAN Fingerprint TB clearance or confidentiality policy

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) There are no [REDACTED] reachable from the clients toilet

Foster Family Home


Records

[11-800-54]

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

Comment:

54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders.


Compliance Manager


Primary Care Giver

12/15/21
Date

12/15/21
Date