

# Foster Family Home - Deficiency Report

Provider ID: 2-559487

Home Name: Gracia Agcaoili, CNA

Review ID: 2-559487-11

168 Kohola Street

Reviewer: Terri Van Houten

Hilo HI 96720

Begin Date: 1/17/2022

## 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 home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 2/17/2022.

## 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)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

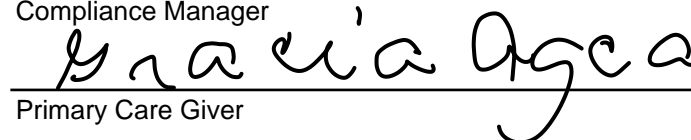
Comment:

54.(c)(2) - CCFFH did not have evidence that a Service Plan has been provided for Client #2 and Client #3 every 6 months. (Client #2-last SP from 3/14/20 and Client #3-last SP from 3/16/21.

54.(c)(6) - CCFFH did not have evidence of RN monthly visit notes in binder for Client #2 and Client #3. Last RN monthly visit note is from 7/2021.

  
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Compliance Manager

1/17/22  
Date

  
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Primary Care Giver

1/17/22  
Date