

# Foster Family Home - Deficiency Report

Provider ID: 1-160004

Home Name: Leonida Agasid, CNA

Review ID: 1-160004-9

94-1166 Hina Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 1/26/2022

## 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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 2/26/2022.

## 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;

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

Comment:

8.(a)(1),(2)- No APS/CAN/Fingerprinting results for HHM#2 and HHM#3 living in a unit behind the CCFFH's hallway that was blocked with a wooden shelf.

## 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 confidentiality policies and procedures and client privacy rights training evidence for HHM#2 and HHM#3.

## 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).

Comment:

41.(b)(4)- CG#1's disclosure form was not updated to reflect the 2 additional household members living behind a blocked wall connected to the CCFFH.

  
Compliance Manager Date 1/26/22

  
Primary Care Giver Date 1/26/22

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Leonida Agasid

*(PLEASE PRINT)*

CCFFH Address: 94-1166 Hina St. Waipahu, Hawaii 96797

*(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)(1)	HHM#2 and HHM#3 APS/ CAN/Fingerprint results has been filed into home binder.	2/09/22	In the future, all new HHM requirements will file it right away into the home binder. Use Iphone calender to remember.
16.(b) (5)	HHM#2 and HHM#3 was trained on confidentiality policies and procedure and client privacy rights, and signed the form. It was placed into the home binder.	1/26/22	HHM will receive this training within 5 days of being added to the home.
41.(b) (4)	CG#1's disclosure form was updated and placed the form into the home binder.	1/26/22	In the future, make sure to update the disclosure form and file it into the home binder

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 02/09/22

CTA has reviewed all corrected items