

Foster Family Home - Deficiency Report

Provider ID: 1-100054

Home Name: Gloria Agtang, CNA

Review ID: 1-100054-12

1043 Puolo Drive

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 5/2/2022

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 6/2/2022.

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;

Comment:

8.(a)(1)- CG █s Ecrim lapsed on █ and done on █.

Foster Family Home 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.

Comment:

47.(c)- No list of medications' side effects present in Client █ chart.

Foster Family Home 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#2, CG#3, and CG#4 were without evidence of having had the CCFFH's Emergency Preparedness Plan Training.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- CCFFH's automobile police coverage for property damage was under the minimum requirement of \$30,000.

Foster Family Home - Deficiency Report

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)(3) Current copies of the client's physician's orders;
- 54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2)- No Service Plan present in Client [REDACTED] chart.

54.(c)(3)- No MD's Admission Order present in Client [REDACTED] chart.

54.(c)(5)- There were two scheduled medications that were not available during inspection for Client [REDACTED]

Maribel Stakemire, Rn 5/2/22

Compliance Manager

Date

Blanca B. Ortiz
Primary Care Giver

Date

5-2-22

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: GLORIA G. AGTANG
(PLEASE PRINT)

CCFFH Address: 1043 PUOLO DRIVE 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?
9.(a)(1)	Lapse cannot be corrected	05/03/22	I will use calendar and notebook to monitor expiration date for Echim for all CG.
47.(c)	Obtained list of medication side effects. Filed in client's Binder	05/03/22	CG#1 will have client medication side effect information available for all caregivers to refer to as needed.
50.(a)	CG#1, CG#2 and CG#3 were trained and signed Emergency Preparedness Plan	05/03/22	CG#1 will train CG's and sign Emergency Preparedness Plan and file in Binder.
51.(a)(2)	CG#1 obtained automobile policy coverage for property damage in the minimum amount. Filed in Binder.	05/03/22	CG#1 will make sure automobile insurance is in the right coverage.

All items that were fixed are attached to this CAP

PCG's Signature: Gloria G. Agtang

Date: 06-08-2022

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: GLORIA G. AGTANG
(PLEASE PRINT)

CCFFH Address: 1043 PUOLO DRIVE 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?
54(c)(2)	Obtained Service Plan filed in Home Binder.	05/16/22	CG #1 will make sure service plan will be present in chart of each client. Home will use checklist to make sure all MD orders are present in charts of clients. CG #1 will make sure all medications are filled and available to clients.
54(c)(3)	Obtained MD Admission Order for client. Filed in Home Binder.		
54(c)(9)	Medications for client obtained and now available.		

All items that were fixed are attached to this CAP

PCG's Signature: Gloria G. Agtang

Date: 06-08-2022

CTA has reviewed all corrected items