

Foster Family Home - Deficiency Report

Provider ID: 1-561698

Home Name: Doreen Pagdilao, CNA

Review ID: 1-561698-16

94-1118 Hapapa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/15/2022

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 7/15/2022.

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 present for CG#2, CG#3, CG#4, HHM#2, and other adult HHMs residing upstairs of the CCFFH.

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

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(f)(2) Background checks

Comment:

41.(f), (1), (2)- No background checks and TB clearances present for all adult household members that are currently residing on the second-floor unit of the CCFFH. No TB clearance present for HHM#2.

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 delegation present on [REDACTED] [REDACTED] for CG#1, CG#2, CG#3, and CG#4 in Client [REDACTED] 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 been trained with the CCFFH's Emergency Preparedness Plan.

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Foster Family Home

Records

[11-800-54]

- 54.(a)(3) A list of applicable community resources.
- 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.(a)(3)- No list of community resources present.
- 54.(c)(2)- Client [redacted] Service Plan expired on [redacted]; Client [redacted] expired on [redacted] and [redacted] and Client [redacted] without any Service Plan in chart since admitted to CCFFH on [redacted].
- 54.(c)(6)- No monthly RN visit/summary notes present from January 2021 thru January 2022; none also for March 2022 and April 2022.

Theribel Fleminine, KC 6/15/22
Compliance Manager Date

Doreen Pozzillo PCG 6/15/22
Primary Care Giver Date