

# Foster Family Home - Deficiency Report

Provider ID: 1-150052

Home Name: Maribelle Agustin, RN

Review ID: 1-150052-9

91-949 Ikulani Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 6/21/2022

## Foster Family Home Required Certificate [11-800-6]

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

Comment:

6(d)(1) 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.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(4) Respect client privacy rights;

Comment:

16.(b)(4) There were [REDACTED] [REDACTED] in Client # [REDACTED] and [REDACTED] bedroom. There were no consent forms for use of [REDACTED] [REDACTED] equipment. Use of [REDACTED] is a violation of client privacy without written consent.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(j)(3) Authorize all substitute caregivers to permit entrance by case management agency and department staff, with or without prior notice, for the purpose of client monitoring, investigation, and quality assurance review.

Comment:

41.(a)(2) CG [REDACTED] is approved for less than 3 hour has been the CG for over 3 hours at the time of CTA arrival

41.(j)(3) CTA approached through a closed gate to the front door but no answer to door bells, knocking on windows and doors, phone call into the CCFFH landline, took 10 minutes to enter the CCFFH. The CG states he has hearing loss but haven't equipped the CCFFH with adaptive devices

## Foster Family Home Quality Assurance [11-800-50]

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

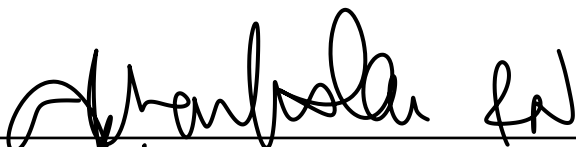
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;


54.(c)(8) Personal inventory.

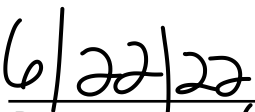
Comment:

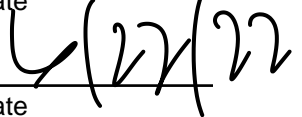
54.(c)(2) Service plan for clients ■ and # ■ have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(8) Client ■ Personal inventory sheet is blank

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date