

Foster Family Home - Deficiency Report

Provider ID: 1-210066

Home Name: Renelyn Diane Agonoy, NA

Review ID: 1-210066-3

94-942 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 6/23/2022

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 7/23/22.

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)- C ■ without the 1st and 2nd set of APS/CAN/Fingerprinting present in the CCFFH binder.

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

41.(a)(1) Reside in the community care foster family home;

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).

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(a)(1)- No written authorization/permission from property owner for C ■ to operate a CCFFH.

41.(b)(4)- C ■ without a ■ Disclosure Form completed.

41.(b)(8)- C ■ without any certification present: blood borne pathogen/infection control, CPR, and First Aid.

41.(c)- No annual in services hours present for C ■, C ■ and C ■ were both short of 1 hour of the required 8 hours of the annual in-service.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG ■, CG ■, and C ■ were without evidence of having conducted a monthly fire drill.

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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 # [REDACTED]'s chart.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- Emergency Exit door located in the back sliding door was obstructed with a large moped/motorcycle, preventing a clear unobstructed pathway in the event of an emergency evacuation.

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, CG#6, and CG#7 were without evidence of having had the CCFFH's Emergency Preparedness Plan training.

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(c)(5) Medication schedule checklist;

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.(b)- No signatures were present after each dated entries in Client # [REDACTED] progress/observation notes.

54.(c)(5)- Client # [REDACTED] Medication Administration Record (MAR) for the month of June 2022 was last signed on [REDACTED].

54.(c)(6)- ADLs/Daily Care Flowsheet of Client # [REDACTED] was last signed on [REDACTED].

Therickel Nakeanine, RN

Compliance Manager

[Signature]
Primary Care Giver

6/23/22

Date

6/23/22

Date