

Foster Family Home - Deficiency Report

Provider ID: 1-583246

Home Name: Rhoda Agliam, CNA

Review ID: 1-583246-12

94-396 Haaa Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 5/16/2022

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection.

Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) HHM [REDACTED] has no proof of background checks, APS CAN fingerprints

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) Unable to accept TB clearance for HHM [REDACTED] and CG [REDACTED] due to white out and missing information and HHM [REDACTED] has no documents of clearance

Foster Family Home	Client Care and Services	[11-800-43]
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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 for Client [REDACTED] for [REDACTED] [REDACTED] or [REDACTED]

Foster Family Home	Physical Environment	[11-800-49]
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49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) Indoor and outdoor living spaces are cluttered in manner infringing on clients use of space and creating fire hazard as well as potential for pests

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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;

Comment:

54.(c)(2) Service plan for client [REDACTED] does not include make shift items for the client including a cut laundry detergent jug (hole cut with scissors for client to urinate in) and a spare mattress between the bed and wall (not used per manufacture recommendation)

54.(c)(3) Client [REDACTED] has [REDACTED] It cannot be determined via records as to when [REDACTED] should be used and the [REDACTED] flow ordered

Compliance Manager

Primary Care Giver

Date

Date

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

PCG's Name on CCFFH Certificate: Rhoda S Agliam

(PLEASE PRINT)

CCFFH Address: 94-396 Haa'a St., Waipahu, HI 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)	Secured fingerprint, APS,CAN for household member as attached. Re: [REDACTED]	6/7/2022	I will make a note and check from time to time the requirements of all my [REDACTED] CG's,household members when it is due to prevent from future violation.
41.(f) (1)	Tuberculosis clearance and certificate has been taken from the doctor's office for HHM [REDACTED] and asked a copy from doctor's office taken via fax for TB symptoms screening form for [REDACTED] CG as attached	5/18/2022	I will note on my cell phone reminder that TB clearance information should all be provided and no white out.
43.(c) (3)	This [REDACTED] CG asked the RN delegation copy from the Case Manager for [REDACTED] or [REDACTED] document attached.	5/17/2022	I will mark my cell phone reminder that RN delegation is needed for the services you provide for the client.
49.(c) (3)	Clutters indoor and outdoor in the turning space has been removed. The whole house has been cleaned up and threw unnecessary and unuseable things. Picture of living spaces attached.	5/18/2022	I will mark my calendar that the home should be free from clutters and make sure that the home is clean as well ventilated and lighted for the safety of the clients and all HH on and to prevent fire hazzard as well.
54.(c) (2)	Improvised cut laundry detergent jug has been thrown and replaced with a urinal for the safety of the client. MP's order has been issued for the use of the mattress used in between the bed and wall. see attached MP's order	5/17/2022	I will note on my calendar reminder that urinal is to be used as per client's needs for safety. I will mark on my calendar that any service for the client should have a doctor's order.
54.(c) (3)	Proper use of the [REDACTED] has been instructed and delegated with doctor's order. see attached document	5/17/2022	I will notify the CMA and note down on my calendar that administration of [REDACTED] should have proper RN delegation.

☒ All items that were corrected are attached to this POCPCG's Signature: [Signature]Date: 06/08/22☒ CTA has reviewed all corrected items