## Foster Family Home - Deficiency Report

**Provider ID:** 1-618788

**Home Name:** Victoria Agregado, CNA **Review ID:** 1-618788-10

3404 Likini Street Reviewer: Po Lim

Honolulu HI 96818 Begin Date: 10/18/2022

**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 inspection made for a 3-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 11/19/2022. (30 days from the date the CCFFH is given their deficiency report).

| Fo   | ster Family Hor | me Background Checks   | [11-800-8]                                       |
|------|-----------------|--|--|
| 8.(a | a)(1) E         | Be subject to criminal history record checks in accordance with  | n section 846-2.7, HRS;                          |
| 8.(8 | a)(2) E         | Be subject to adult protective service perpetrator checks if the | individual has direct contact with a client; and |
| Cor  | <br>mment:      |  |  |

8.a.1. And 8.a.2. CG#2 did not meet the 2 sets of APS, CAN, Fingerprints within the 12 months period. HHM#2 lapsed in APS/CAN. Old expired on 5/13/2022 and renewed on 9/13/2022.

| Foster Family I | lome Personnel and Staffing  | [11-800-41]   |  |
|-----------------|--|---|--|
| 41.(b)(7)       | Have a current tuberculosis clearance that meets of                                    | department guidelines; and                          |  |
| 41.(b)(8)       | Have documentation of current training in blood bo resuscitation, and basic first aid. | rne pathogen and infection control, cardiopulmonary |  |

Comment:

41.b.7. CG#2 have expired TB on 3/18/2022, no new present.

41.b.8. CG#5 have expired CPR, AED, and First Aid on 8/3/2022, no new present.

| Foster Family | Home Fire Safety                      | [11-800-46]  |  |
|---------------|---------------------------------------|--|--|
| 46.(a)        | · · · · · · · · · · · · · · · · · · · | ntain a record, in the home, of unannounced fire drills at different<br>Il be conducted at least monthly under varied conditions and sha |  |

Comment:

46.a. Last drill was conducted on 4/4/2022.

Compliance Mana **Primary Care Giver**  **CTA RN Compliance Manager:** 

## TERRI VAN HOUTEN, RN

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

PCG's Name on CCFFH Certificate:

VICTORIA J AGREGADO

(PLEASE PRINT)

CCFFH Address:

3404 LIKINI ST. HONOLULU HAWAII 96818

(PLEASE PRINT)

| Rule<br>Number     | Corrective Action Taken – How was each issue fixed for each violation?  | Date each<br>violation<br>was fixed | Prevention Strategy – How will you prevent each violation from happening again in the future?   |
|--------------------|---|-------------------------------------|---|
| 8(a)(1)<br>8(a)(2) | CG#2 acquired APS,CAN fingerprints.Result placed into home binder.  HHM#2 cannot be corrected APS/CAN is in the binder. | 10/27/22                            | Home will use cell phone calendar and calendar on desktop to identify when are due at least one month before the expiration date to allow enough time to be done on time. |
| 41(b)(7)           | ■CG#2 skin TB test obtained negative result. It was placed into home binder.  | 10/27/22                            | Home will use calendar or a reminder on cell phones 2 weeks before due dates to avoid lapses.   |
| 4(b)(8)            | CG#5 obtained the training for CPR, AED and First Aid. Certification placed to home binder.                             | 10/27/22                            | Home use calendar on desk top and cellphone calendar for notification when requirements are due one month before expiration to allow enough time to get done on time.     |
|                    |   |                                     |   |

| All items that were corrected are attached to this | PO | U |
|--|----|---|
|--|----|---|

PCG's Signature:

Date: 10/27/22

X CTA has reviewed all corrected items

101821 S. Young

**CTA RN Compliance Manager:** 

## TERRI VAN HOUTEN, RN

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

PCG's Name on CCFFH Certificate: VICTORIA J AGREGADO

(PLEASE PRINT)

**CCFFH Address:** 

3404 LIKINI ST. HONOLULU HAWAII 96818

(PLEASE PRINT)

| Rule<br>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?  |
|----------------|---|-------------------------------|--|
| 46(a)          | CG#2 conducted/performed fire drill, testing of smoke detectors. fire drill form sign by cg#2 is in the binder. | 10/27/22                      | Home will use printable calendar to place infront of fire drill binder and will schedule monthly fire drill to be conducted on time. |
|                |   |                               |  |

| $\boxtimes$ | All items that were co | orrected    | are attached | to this POC |
|-------------|------------------------|-------------|--------------|-------------|
|             | 4                      | $\triangle$ | //           |             |

PCG's Signature:

Date: 10/23/22

X CTA has reviewed all corrected items

101821 S. Young