

Foster Family Home - Deficiency Report

Provider ID: 1-512401

Home Name: Margie Agliam, CNA

Review ID: 1-512401-12

94-1496 Kahualoa Street

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 3/1/2023

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 visit made for a 2-bed annual inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 3/1/23).

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)- HHM #4 without the result of the 2nd set of APS/CAN/Fingerprinting.

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

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- Last fire drill present in record was documented on 1/20/23. No fire drill documentation present for February 2023.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #1's bedroom doorknob lock was on the outside.

Clients' bedrooms are supposed to allow clients to lock them from the inside for privacy.

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)- Client #1's Medication Administration record was last signed on 2/28/23. Client's morning medications for today (3/1/23) were not signed.

Maribel Nakamine, R 3/1/23
Compliance Manager
Date
3/1/23
Primary Care Giver
Date

CTA RN Compliance Manager: MARIBEL NAKAMINE

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

PCG's Name on CCFFH Certificate: MARGIE R. AGLIAM
(PLEASE PRINT)

CCFFH Address: 94-1496 Kahualoa 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) (2)	HHM #4 obtained a current 2nd set of APS/CAN FINGERPRINT. Result of document was filed on the CCFFH BINDER	3/9/23	In the future CG #1 will use calendar to keep track of expiration dates 1 month before due dates.
46 (a)	FIRE DRILL LAPSE CANNOT BE CORRECTED	3/21/23	I will use calendar to schedule fire drills 2 weeks before due dates to prevent future lapses.
53 (b) (4)	CLIENT RIGHTS changed new door knobs with lock on the inside.	3/2/23	Will abide by My Choice My Way for Client privacy. (see picture attach)
34 (c) (5)	MEDEICATION SCHEDULE CHECKLIST CG #1 sign MAR	3/2/23	To ensure this will not happen again I will make sure that I will sign the medication record while finish giving medication everyday.

☒ All items that were corrected are attached to this POC

PCG's Signature: Margie R. Agliam

Date: 3/21/23

☒ CTA has reviewed all corrected items