

Foster Family Home - Deficiency Report

Provider ID: 1-190041

Home Name: Vladimir Francis Agonoy, CNA

Review ID: 1-190041-11

94-241 Haaa Street

Reviewer: Jackie Chamberlain

Waipahu

HI

96797

Begin Date: 2/22/2023

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 re-certification.

Deficiency Report issued during CCFFH inspection with plan of correction required, due to CTA within 30 days of inspection.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8) CG 1 and 2 do not have current BBP certificate

41.(f)(1) 3 children under 18 do not have current TB 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 # 1 for enema administration. Lack of Updated delegation is a repeat citation

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

Comment:

47.(b) Client # 2 has documented wounds heel, legs and rash / itch to back which there is conflicting orders and documentation of treatment. There is cream ordered for itch but 1 is empty with no refill and the other is not signed as given all of February

Foster Family Home - Deficiency Report

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:
- 50.(d) The home shall cooperate at all times with the case management agency serving a client it has placed in the home. Such cooperation shall include providing the case management agency access to the home and the client at any time requested by the case management agency.

Comment:

50.(a) internal emergency management policies and procedures is blank

50(d) The CCFFH does not have a doorbell at the front or side doors. CTA required loud voice at screen door to gain entry

Foster Family Home

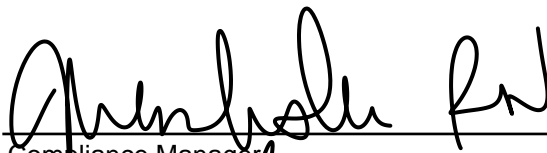
Records


[11-800-54]

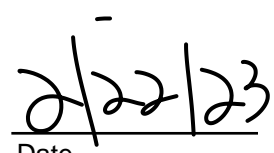
- 54.(c)(8) Personal inventory.

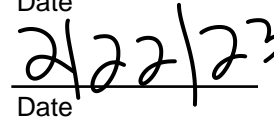
Comment:

54.(c)(8) Client # 1 has no personal inventory


Compliance Manager


Primary Care Giver


Date


Date

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: Vladimir Francis C. Agonoy

(PLEASE PRINT)

CCFFH Address: 94-241 HaaanSt. 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?
41.(b)(8)	Bloodborne pathogen was completed on Feb.3/Feb.5 for caregiver #1 and #2	Feb.3 2023/feb 5 2023	Create a spreadsheet with all of the documents need to be updated. Spreadsheet will be placed on the top cover of the binder.
41.(f)(1)	Tb clearance Exclusion form was completed on March 13 2023 to my children age 11,8 and 6.	March 13 2023	Create a spreadsheet with all of the documents need to be updated. Spreadsheet will be placed on the top cover of the binder.
43.(c)(3)	Rn delegation has been added the enema administration for client #1. Obtained Rn delegation from case manager.	March 13 2023	For any changes of the care to all my clients, I will inform my CM right away and check if it is properly delegated to my clients.
47.(b)	The medication for itch for client for client #2 was refilled Feb 23 2022.	Feb 23 2023	I will refill the medication1 week before the medicine will be empty and every time I will apply any medication to my clients I will sign it right away my medication administration record.
50.(a)	Internal Emergency Management Policies and procedure has been completed on March 13 2023	March 13 2023	Create a spreadsheet with all of the documents need to be updated. Spreadsheet will be place on the top of the binder.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 3/21/23

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

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

PCG's Name on CCFFH Certificate:

CCFFH Address: 94-241 Haaa St. Waipahu Hi 96797

CCFFH Address:

(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?
50.(d)	Door bell was installed in the front of the door and all of the entry doors.	March 13 2023	Foster home building requirements will be reviewed and check quarterly and go to [REDACTED] website for in case of any changes/ new requirements
54.(c)(8)	Personal inventory of client #1 has been completed on March 13 2023.	March 13 2023	In the future everytime I will admit a new clients I will fill up the form right away. Create a spreadsheet with all of the documents need to be updated.

☒ All items that were ~~corrected~~ are attached to this POC

PCG's Signature: _____

Date: 3/21/23

☒ CTA has reviewed all corrected items