

Foster Family Home - Deficiency Report

Provider ID: 1-090126

Home Name: Zenaida Agsalda, CNA

Review ID: 1-090126-13

99-060 Nalopaka Place

Reviewer: Jackie Chamberlain

Aiea HI 96701

Begin Date: 12/4/2022

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

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) No proof of APS CAN for CG 1 and 3

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 # 2 for oral medication or topical medication

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire No evidence of any fire drills since 2/2022

Foster Family Home	Physical Environment	[11-800-49]
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49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

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

Comment:

49.(a)(2) No grab bar in reachable at the clients toilet

49.(a)(4) No wheelchair access to the kitchen for client bedrooms 1 and 2.

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3 Person Physical Environment

3 Person Physical Environment

(3P) Env.

(3P)(c)(3) Env. the room must have adequate furnishings, e.g., tables and chairs

Comment:

(3P)(c)(3) Env. There is no access dining space for client rooms 1 and 2 due to 2 steps and a baby gate at the top of the steps

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)(5) Medication schedule checklist;

Comment:

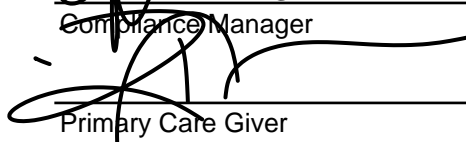
54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders.

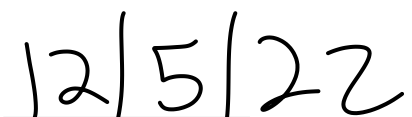
54.(c)(5) Client # 2 an oral capsule has a warning "swallow whole do not chew or crush" the capsule has been opened with powder sprinkled out to mix in food



Compliance Manager



Primary Care Giver



Date



Date