

# Foster Family Home - Deficiency Report

Provider ID: 1-170030

Home Name: Darylle Agustin, NA

Review ID: 1-170030-11

1940 Kalihi Street

Reviewer: Jackie Chamberlain

Honolulu

HI 96819

Begin Date: 3/31/2023

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

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

## Foster Family Home Personnel and Staffing [11-800-41]

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.(f)(1) CG2 and 3 have no proof of clearance that meets department of health guidelines

41.(b)(8) CG 5 CPR First aid card does not have a date

## Foster Family Home Client Care and Services [11-800-43]

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:


43c3. client 2 has wound care to leg within delegations from CMA

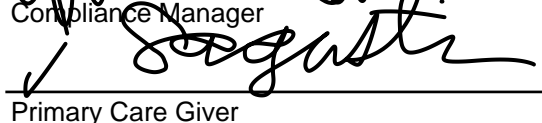
## Foster Family Home Records [11-800-54]

54.(c)(3) Current copies of the client's physician's orders;

Comment:

54(c)(3) client 1 has MD order from 1/2023 for monthly weights. no monthly weights are documented

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

3/31/23  
\_\_\_\_\_  
Date

3/31/23  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Send to Terri Van Houten RN / Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: Darville Dave R. Augustin

CCFFH Address: 1940 Kalani St, Honolulu, HI 96819  
(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(F)(1)	They have TB Test, was not just filed on the binder		Double check if everything is filed & updated 3 mos before expiration. Make sure that it is filed correctly
41(B)(8)	CG 5 has CPR but not filed on the binder - Already filed on the binder	4/17/23	
44(C)	Let the agency know that wound care delegation is needed		Agency knows that client has wound, but did not do RN Delegation. Next time this happens to a different client, I will remind the agency to make sure they have RN delegation
54(C)(3)	Monthly weight is now recorded w/ a chart.		Double check w/ the doctor's recent order

All items that were corrected are attached to this POC

PCG's Signature: Darville Augustin

Date: 04/26/23

CTA has reviewed all corrected items