

Foster Family Home - Deficiency Report

Provider ID: 1-160062

Home Name: Evangeline Agonias, NA

Review ID: 1-160062-12

99-505 Aliipoe Drive

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 4/11/2023

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 home visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 4/11/23).

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)- CG#2's APS/CAN/Fingerprinting result lapsed on 2/3/23 and was done on 3/30/23.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7)- CG#3's TB clearance result lapsed on 6/16/22 and no current clearance was present.

41.(b)(8)- CG#4's CPR/First Aid certification training lapsed on 2/8/23 and no current certificate was present.

41.(g)- No Basic Skills Checklist was present on Client #1's chart/record.

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:

43.(c)(3)- No RN delegations were present for CG#1, CG#2, CG#3, and CG#4 in Client #1's chart.

Foster Family Home - Deficiency Report

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications' side effects present in Client #1's record.

Foster Family Home

Client Account

[11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a)- The CCFFH did not have evidence that a written accounting of Client #1's personal funds received and expended on the client's behalf was being maintained.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

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;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(1)- No non-slip surface was present on the clients' bathroom shower floor.

49.(a)(2)- No toilet grab bar was present.

49.(a)(4)- Emergency exit door near the kitchen was blocked with multiple boxes and household items. No wheelchair or walker access in case of emergency.

49.(c)(3)- Sliding door screen near the kitchen with holes/gaps which would allow insects /vermin inside of the CCFFH which can possibly bite/harm clients.

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(b)- No signatures were present after each dated entries in Client #1's progress/observation notes/documentations.

54.(c)(6)- No RN visit summary was present for the month of February 2023 in Client #1's record.

54.(c)(6)- No ADLs/Daily Care Flowsheets present from November 2022 through April 2023.

Marilyn Nakaniwa, RN
Compliance Manager
Gwan Jehn Uyomias
Primary Care Giver

4/11/23
Date
4/11/23
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: EVANGELINE G. AGONIAS

(PLEASE PRINT)

CCFFH Address: 99-505 ALIPOE DR. AIEA, HI 96701

(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) 8.(a)(2)	LAPSED CANNOT BE CORRECTED	3/30/2023	HOME UNDERSTAND THE BACKGROUND CHECK REQUIREMENTS. HOME WILL USE CALENDAR TO PREVENT ANY FUTURE LAPSE.
41.(b)(7)	DO NOT LAPSE T.B CLEARANCE. CG#3 SCREENING DATE 6/16/22	4/15/2023	CG1 WILL USE CALENDAR TO REMIND CAREGIVER 2 MONTHS BEFORE DUE DATE. REMIND CG3# TO RENEW T.B. TEST EVERY YEAR.
41.(b)(8)	CPR CERTIFICATION, BLOODBORNE PATHOGEN, AND INFECTION CONTROL CERTIFICATION PLACED ON CCFFH BINDER.	4/18/2023	CG1 WILL USE CALENDAR TO REMIND CAREGIVER 2 MONTHS BEFORE DUE DATE.
41.(g)	SERVICE PLAN PLACED ON CCFFH BINDER. POA HAS BEEN SIGNED.	4/15/2023	INFORMED POA TO SIGN. POA WILL SEND THE PAPERS/DOCUMENTS
43.(C)(3)	RN DELEGATION BASIC SKILLS COMPETENCY COMPLETED. CG#1, CG#2, CG#3, CG#4 SIGNED THE DOCUMENTS REGARDING CLIENT#1.	4/15/2023	HOME WILL COMMUNICATE WITH THE RN TO MAKE SURE DELEGATION AND SKILLS COMPETENCY IS COMPLETED BEFORE SCG PROVIDES CARE TO CLIENTS.

All items that were corrected are attached to this POC

PCG's Signature: *Evangelina Agonias*

Date: 4/19/2023

CTA has reviewed all corrected items

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: EVANGELINE G. AGONIAS
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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?
47.(c)	LIST OF ALL MEDICATIONS SIDE EFFECTS PLACED IN CLIENT #1 BINDER RECEIVED AND FIXED	4/15/2023	MAINTAINED LIST AND ADD RIGHT AWAY IF ANY NEW MEDICATIONS ORDERED.
48.(a)	CLIENT'S MONTHLY ALLOWANCE RECORDS HAVE BEEN PLACED IN CHART.	4/12/2023	HOME WILL MAKE SURE THAT CLIENT ACCOUNT RECORDS WILL BE ON FILE WHEN HANDLING CLIENT FUNDS.
49.(a)(1)	NON-SLIP BATHROOM MAT HAVE BEEN PLACED IN THE CLIENT'S SHOWER.	4/12/2023	HOME WILL USE NON-SLIP BATH MAT IN CLIENT'S BATHROOM. CG1 WILL INSPECT EVERYDAY TO ENSURE THAT THE FOSTERHOME IS WELL EQUIPPED AND SAFE FOR THE CLIENTS.
49.(a)(2)	TOILET GRAB BAR HAVE BEEN PLACED.	4/12/2023	HOME WILL KEEP TOILET GRAB BAR FOR CLIENT'S SAFETY.
49.(a)(4)	EMERGENCY EXIT DOOR HAVE BEEN CLEARED.	4/14/2023	HOME WILL KEEP EMERGENCY EXIT PATHS CLEAR FOR WHEELCHAIR ACCESSIBILITY IN THE EVENT OF AN EMERGENCY.
49.(c).(3)	SLIDING DOOR HAVE BEEN PLACED WITH A NEW ONE.	4/15/2023	MAKE PERIODIC CHECKS INSIDE/OUTSIDE THE HOUSE FOR ANY BROKEN AREAS.

All items that were corrected are attached to this POC

PCG's Signature: *Evangelina Agonias*

Date: 4/19/2023

CTA has reviewed all corrected items

