

Foster Family Home - Deficiency Report

Provider ID: 1-110006

Home Name: Janet Agbunag, CNA

Review ID: 1-110006-14

1464 Molehu Drive

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 1/13/2023

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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (date of issue: 1/13/23).

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.(b)(8)- CG#5 did not have evidence of a current blood borne pathogen and infection control training; was due on or before 1/10/23.

41.(f)(1)- No current TB clearance present for HHM#3 nor a TB exclusion form.

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.

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(c)- No list of medications' side effects was present either in Client #1's chart nor in CCFFH binder.

47.(e)- The CCFFH did not have evidence that specific instructions and training regarding special feeding needs of Client #1 was provided to CG#1, CG#2, CG#4, and CG#5.

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;

Comment:

49.(a)(1)- No non-slip surface was present in clients' shower.

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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)(3) Current copies of the client's physician's orders;
- 54.(c)(5) Medication schedule checklist;

Comment:

- 54.(c)(2)- Client #1's Service Plan dated 9/13/22 did not have the client's special feeding needs.
54.(c)(3)- No physician order was present in Client #1's chart regarding client's special feeding needs.
54.(c)(5)-Client #2- one medication was not written in the client's Medication Administration Record.

Mariabel Nakavine, RN 1/13/23
Compliance Manager Date

[Signature] 1/13/23
Primary Care Giver Date