

# Foster Family Home - Deficiency Report

**Provider ID:** 1-220041

**Home Name:** Lynn Marie Agbunag, CNA

**Review ID:** 1-220041-3

432 Hoomalu Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 3/23/2023

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- Unannounced 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 3/23/23).

Foster Family Home	Background Checks	[11-800-8]
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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)- No APS/CAN/Fingerprint result was present for HHM#2.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No proof that training on confidentiality policies and procedures and client privacy rights was provided to HHM#2.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

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.(f)(1)-HHM#2 without a TB clearance present.

41.(g)- No Basic Skills checklists were present/completed for CG#1 and CG#2 in Client #1's chart.

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 delegations were present for CG#1 and CG#2 in Client #1 and Client #2's charts.

# 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 was present in Client #1's chart. CGs would be unable to report side effects without knowing what they are.

## Foster Family Home

## Physical Environment

[11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2)- No grab bars present near clients' toilet.

## 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.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(a)- No evidence that CG#2 had been trained with the CCFFH's Emergency Preparedness Plan.

50.(e)(1)- CCFFH binder/chart was not available at the start of CCFFH's survey/inspection.

## Foster Family Home

## Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Clients' bedrooms are supposed to allow clients to lock them from the inside for privacy. There were no locks on any of the clients' bedrooms to allow clients to lock and unlock them.

# Foster Family Home - Deficiency Report

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;

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;

54.(c)(8) Personal inventory.

Comment:

54.(c)(2)- Client #1 without a Service Plan present in client's chart.

54.(c)(3)- Client #1's admission order to CCFFH without a diet order and no MD's signature.

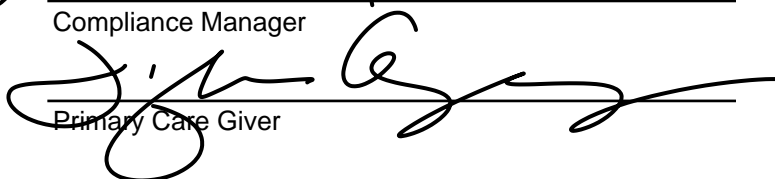
54.(c)(5)- Medication discrepancies were noted for Client #2. There was one daily medication's dosage that did not match the MD's order and the client's Medication Administration Record (MAR). MD's order was for 3mg, and medication's label dosage was 10mg and client was receiving the higher dosage as evidenced in the signed MAR by CG#1. One medication with an expiration date of 3/2021- client was administered expired medication (MAR contained signatures). One as needed lifesaving medication was not available during the CCFFH survey.

54.(c)(6)- No March 2023 ADLs/Daily Care Flowsheet was initiated in Client #1's chart.

54.(c)(8)- Client #1 did not have evidence that a personal inventory log has been initiated and/or maintained.



Compliance Manager



Primary Care Giver

3/23/23

Date

3/23/23

Date