

# Foster Family Home - Deficiency Report

Provider ID: 1-614108

Home Name: Rowena S. Agustin, CNA

Review ID: 1-614108-13

94-359 Honowai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/7/2023

## 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 made for a 3-bed annual inspection.

Deficiency Report issued during CCFFH inspection with Plan of correction due to CTA within 30 days of inspection (issued on 2/7/23).

## 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.(e) The results of a background check made pursuant to section (a) above shall be exempt from consideration by the department if an exemption has been granted by the department. Requests for exemptions must be:

8.(e)(1) Submitted by the applicant for licensure or certification, case management agency, or home;

8.(e)(2) In writing, on forms provided by the department; and

Comment:

8.(a)(1)- CG#3's Ecrim lapsed on 4/2/22 and was done on 4/18/22. CG#7's Ecrim lapsed on 1/12/23 and was done on 1/23/23.

8.(e), (e)(1), (e)(2)- HHM#4 with a negative finding/result in APS/CAN/Fingerprint dated 2/2/23. No exemption result/determination was present.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2)Staff- No entry present in the CCFFH's Sign In/Out Sheet. CG#1 [REDACTED] was not home at the beginning of today's inspection.

## 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 for oral medications were present for CG#7 in Client #1 and Client #2's chart. CG#1, CG#2, CG#3, CG#5, CG#6, and CG#7 were without evidence of RN delegations for Client #3.

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## Foster Family Home

## Physical Environment

[11-800-49]

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 bars present near clients' toilet.

49.(a)(3)- There were 3 steps to CCFFH's main kitchen where the refrigerator was located. No wheelchair/walker access for clients' hydration and nourishment needs.

## 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:

Comment:

50.(a)- CG#7 did not have evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

## 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)- No Service Plan was present in Client #3's chart. Client #1 and Client #2's current Service Plans were missing POA/OPGs signatures.

54.(c)(5)- One scheduled medication did not match the MD's order and medication's label with Client #2's Medication Administration Record (MAR).

  
Compliance Manager  
  
Primary Care Giver

Date 2/7/23  
Date 2/7/23