

# Foster Family Home - Deficiency Report

Provider ID: 1-512055

Home Name: Soledad Agabao, CNA

Review ID: 1-512055-11

2340 California Avenue

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 1/3/2023

## 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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 2/3/2023.

## 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;

Comment:

8.(a)(1)- CG#3 and HHM#1's Ecrims result lapsed on 11/21/22 and was renewed on 12/1/22.

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

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7)- CG#2's current TB clearance was not signed either by and MD, APRN, or Physician's Assistant.

41.(f)(1)- HHM#4's TB clearance result expired on 10/7/22 and no current TB clearance was present.

## 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)- A caregiver (not approved for a 3 client) not eligible to provide services to CCFFH was given the RN delegation in Client #1 and Client #2's chart.

## Foster Family Home Medication and Nutrition [11-800-47]

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

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(b)- Client #1 with a home health PT/OT service ordered on admission to CCFFH- client did not receive ordered service. There was no documentation the reason client did not received service.

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

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## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- CCFFH's automobile insurances policies lapsed on 5/5/22 and 11/2022. No current policies were present.

## 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)- Client #1's Service Plan dated 6/1/22 without the client/POA's signature. Client #2's Service Plan dated 11/21/22 also without the client/POA's signature.

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- CTA was unable to verify medications as client's Medication Administration Record was not updated, missing MD's orders, and Medication List from client's CMA didn't match.

Client #2- there were 2 medications that CG#1 discontinued without the written MD's orders.

*Mariabel Nabeanine, M*

Compliance Manager

*Miguel*

Primary Care Giver

*1/3/23*

Date

*1/3/23*

Date