

Foster Family Home - Deficiency Report

Provider ID: 1-513235

Home Name: Hedidia Agbulos, CNA

Review ID: 1-513235-13

99-322 Ahe Ahe Street

Reviewer: Jackie Chamberlain

Aiea HI 96701

Begin Date: 10/11/2022

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

CCFFH requests voluntary decrease to 2 client CCFFH

Deficiency Report issued during CCFFH inspection with plan of correction required, due to CTA within 30 days of 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.

43.(c)(5)(A) Appropriate, safe techniques, and infection control procedures; and

Comment:

43.(c)(3) No RN delegation present for Client # 1 for oxygen use, is currently at 1 liter

43.(c)(5)(A) Client 2 fan in the room is covered with dirt and dust blowing at the client who is on oxygen

43.(c)(5)(A) Client 2 has a bag of several dirty diapers at the bedside creating extreme odor

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

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) Unable to locate an MD order for oxygen use.

Foster Family Home - Deficiency Report

Foster Family Home

Physical Environment

[11-800-49]

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)(4) *repeat citation* front and back exit is obstructed with full cardboard boxes and other stored items

49.(a)(4) Per My Choice My way clients to have open access to the kitchen. There is no wheelchair access to the kitchen with 4 steps and a pet door blocking the kitchen


49.(c)(3) Indoor and outdoor living spaces are cluttered in manner infringing on clients use of space and cluttered in an unsafe manner.

49.(c)(3) There is an odor throughout the outside of the property (rotting food) and indoor extreme odor of pet waste. Pet urine is present throughout

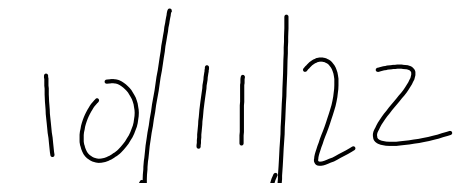
49.(c)(3) Surfaces have grime and dirt and dust throughout but especially high touch areas



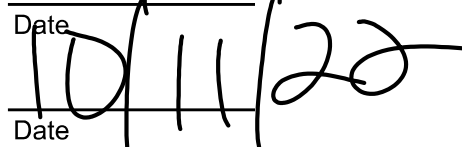
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Jackie Chamberlain

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Hedidia Agbulos

(PLEASE PRINT)

CCFFH Address: 99-322 Ahe Ahe Street, 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? |
|------------------|--|-------------------------------|---|
| 43.(c)(3) | CG#1 contacted CMA RN of Client #2 to provide RN delegation of Oxygen use. Signed delegation form was filed in the CCFFH binder. | 11/4/22 | CG#1 will contact the client's CMA RN to provide delegation to caregivers within 7-10 days of receiving the MD's order for any medical equipment use. |
| 43.(c)(5) (A) | Client #2's fan was cleaned and disinfected. Emptied client's trash bin. | 10/11/22 | CG#1 and all caregivers were instructed to clean the fan on a weekly basis and empty client's trash bin daily or as needed. |
| 47.(d)(1) | Client #2 was brought to MD to assess for client's need of oxygen. Per MD, client did not require oxygen use. MD discontinued use of oxygen. | 10/31/22 | In the future, an MD order will be obtained by CMA RN prior to administering oxygen to clients. |
| 49.(a)(4) | Household items and cardboard boxes were removed to front and back exits. | 10/14/22 | CG#1 and all caregivers will maintain a clear pathway of exit doors to ensure safety of all in the event of an emergency/evacuation. |
| 49.(a)(4) | Provided a refrigerator for clients' to have easy access for nourishment and hydration. Also a microwave oven was placed near clients' area. | 10/6/22 | CG#1 will provide access to clients' for their nutritional needs. |

All items that were corrected are attached to this POC

PCG's Signature: Hedidia S Agbulos

Date: 11/9/22

CTA has reviewed all corrected items

CTA RN Compliance Manager: Jackie Chamberlain

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Hedidia Agbulos

(PLEASE PRINT)

CCFFH Address: 99-322 Ahe Ahe Street, 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? |
|-------------|--|-------------------------------|--|
| 49.(c)(3) | CG#1 and all caregivers cleaned and disinfected the CCFFH. Also unnecessary items were discarded and clutters removed to provide a safe environment for the clients and household members. | 10/12/22 | CG#1 and all caregivers will do daily routine cleaning and disinfecting of home to maintain cleanliness and odor free CCFFH. |

All Items that were corrected are attached to this POC

PCG's Signature: Hedidia S Agbulos

Date: 11/9/22

CTA has reviewed all corrected items