

Foster Family Home - Deficiency Report

Provider ID: 1-562654

Home Name: Victorina Agustin, CNA

Review ID: 1-562654-15

94-149 Mokuakua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/7/2023

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 visit 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 6/7/23).

Foster Family Home Background Checks [11-800-8]

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. (e), (e)(1), (e)(2)- HHM#1's current APS/CAN/Fingerprint result with a red light. No exemption application was completed/nor determination present.

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

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

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

Comment:

41.(f), (f)(1)- No TB clearance nor exemption form present for HHM#1.

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 present for CG#2 in Client #1 and Client #2's charts/records.

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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 #2's Service Plan dated 3/8/23 and Client #3's dated 1/9/23 were without the POAs/Clients' signatures.

54.(c)(5)- Medication discrepancies were noted for Client #1, Client #2, and Client #3.

Client #1- No Medication Administration Record for June 2023 was present. Medication Administration Record(MAR) for the month of May 2022 was missing signatures of caregivers who administered client's scheduled medications- there were ten medications on May 31, 2022 without signatures; May 2, 2022 thru May 31, 2022- one daily scheduled medications without signatures of caregivers; and May 27, 2022-May 31, 2022- one scheduled subcutaneous medication was not signed.

Client #2- one medication's label did not match the MD order and client's MAR.

Client #3- one medication's label and MD's order did not match the client's MAR from May 2022-June 2023's MARs.

Maikel Nakamine, RD 6/7/23
Compliance Manager Date
Victorine Agostini 6/7/23
Primary Care Giver Date