

Foster Family Home - Deficiency Report

Provider ID: 1-170082

Home Name: Jovy Agcaoili, NA

Review ID: 1-170082-11

91-1076 Kuhina Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 5/15/2023

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 5/15/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1) and 8.(a)(2). Fingerprint, APS, CAN were missing for HHM #2 and #3. Fingerprint, APS, CAN is not present in the CCFFH file.

8(a)(2) APS/CAN checks were overdue for CG# 1.
APS/CAN was due on or before 12/31/2022.

8(c) State Name Check (eCrim) was lapsed for CG# 1. State Name Check (eCrim) was due on or before 9/7/2022 and was completed on 9/23/2022.

Foster Family Home - Deficiency Report

Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.b.7. CG#2 has expired TB on 7/28/2022, and no renewal in file.

41.b.8. CG#2 has expired Bloodborne Pathogen/ Infectious Control training on 6/9/2022 and no renewal in the file.

41.c. CG#2 required 8 hours in inservice training/CE and is missing 8 hours of CE/in-service training for 2022-2023.

Foster Family Home

Fire Safety

[11-800-46]

- 46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.
- 46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a) Last fire drill present in record was documented on 7/11/2022. No fire drill documentation present for August 2022 through April 2023.

46.b.2. CG#2 have not completed/conducted a fire drill for the past 12 months.

Foster Family Home

Insurance Requirements

[11-800-51]

- 51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG# 4 is not included on the policy.

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;

Comment:

54(c)(2) No current signatures of POA/Client on the service plan present for Client# 2.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: PO Lim

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

PCG's Name on CCFFH Certificate: Joy Jane Agcaoli

CCFFH Address: 91-1076 Kuhina St. Ewa Beach HI 96706
(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?
8.(a)(1)	HHM #2 and #AM#3 obtained a current APS/CAN/fingerprinting Documents were filed in the CCFFH binder.	5/30/23	CG #1 will use a wall calendar to schedule due dates 2 months in advance to prevent future lapses.
8.(a)(2)	CG #1 completed the APS/CAN check Documents were filed in CCFFH binder.	5/30/23	In the future CG #1 will use a wall calendar to schedule due dates 2 months in advance to prevent future lapses.
8.(c)	CG #1 obtained the state name check (SCRIP) Documents were filed in the CCFFH binder.	5/30/23	CG #1 will use a wall calendar to schedule reminder to prevent future lapses.
41.(b)(7)	CG #2 completed TB clearance Test.	5/28/23	In the future, CG #1 will use a wall calendar to schedule reminder to prevent future lapses.
41.(b)(8)	CG #2 completed the Blood Borne Pathogen/Infectious Control training. Documents were filed in CCFFH binder.	5/28/23	CG #1 will make sure to write down a reminder on the wall calendar to prevent future lapses.

☒ All items that were corrected are attached to this POC

PCG's Signature: Joy Jane Agcaoli

Date: 5/31/23

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Ps Lim

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

PCG's Name on CCFFH Certificate: Joy Jane Agcaolli

(PLEASE PRINT)

CCFFH Address: 91-1076 Kuhina St. EWS Beach Hi. 96706

(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?
41(c)	CG #2 contacted RN conducting inservice to caregivers CG #2 completed 8 hours of inservice training.	5/28/23	In the future I will make sure that I am up to date to any trainings that needed to be done by all CGs I will use a wall calendar to schedule reminders.
46(a)	CG #1 will make sure that monthly fire drill is being conducted were filed in the CCFFH binder.	5/25/23	I will make sure that a monthly reminder will be set using my phone alarm to remind me of the monthly fire drill.
46(b)(2)	CG #1 will make sure that CG #2 will conduct a fire drill this year.	5/25/23	CG #1 will make a reminder list for caregivers that will conduct monthly fire drill posted by the fridge.
51(a)(1)	CG #1 called insurance and signed form to add CG #4 in the liability Insurance.	5/30/23	In the future, I will make sure to add any caregivers who will added in the home.

☒ All items that were corrected are attached to this POC

PCG's Signature: Joy Jane Agcaolli

Date: 5/31/23

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: po Lim

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

PCG's Name on CCFFH Certificate: Jovy Jane Agcaoili

CCFFH Address: 91-1076 Kuhina St. Ewa Beach HI-9676
(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?
54.(c)(2)	CG #1 contacted family and explained that signature is for client #2's service plan documents were filed in the client's binder.	5/23/23	I will make sure that in the future, for any documents that need a signature, I need to be prompt and contact family right away.

☒ All items that were corrected are attached to this POC

PCG's Signature: Joseph A. Gagliardi

Date: 5/31/23

☒ CTA has reviewed all corrected items