

# Foster Family Home - Deficiency Report

Provider ID: 1-170060

Home Name: Raquel Fagaragan, CNA

Review ID: 1-170060-12

94-1047 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/14/2023

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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 7/14/23).

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

Comment:

8.(a)(1), (2)- CG#1 and CG#4's Ecrims lapsed on 7/5/23 and no current results were present. CG#2's APS/CAN lapsed on 2/26/23 and was not done until 4/3/23. CG#4 without the 2nd set of Fingerprint results; APS/CAN lapsed on 5/19/22 and was not done until 8/10/22.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(1) Reside in the community care foster family home;

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(a)(1)- No written authorization nor in rental agreement authorizing use of property for CCFFH.

41.(b)(8)- CG#1's CPR/Basic First Aid certification lapsed on 7/1/23 and no current certificate was present.

Foster Family Home	Client Care and Services	[11-800-43]
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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, CG#3, and CG#4 in Client #2's chart/record.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

54.(c)(8) Personal inventory.

Comment:

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


Client #1- there were five 8:00 pm scheduled medications that were signed ahead of administration time on today's Medication Administration Record(MAR).

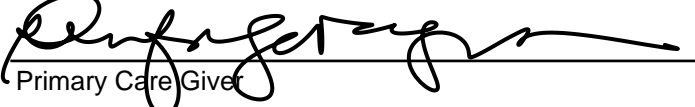
Client #2- there were four afternoon and nighttime medications that were signed ahead of administration time on today's MAR. One scheduled medication was not written in client's MAR for the months of June 2023 and July 2023.

Client #3- one nighttime medication was signed ahead of administration time on today's MAR.

54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was last completed on 7/8/23.

54.(c)(8)- Client #1 did not have evidence that a personal inventory log has been initiated and/or maintained.

  
Compliance Manager

  
Primary Care Giver

Date

Date

7/14/2023 3:47:15 PM