

# Foster Family Home - Deficiency Report

Provider ID: 1-200042

Home Name: Shaina Lei Agcaoili, NA

Review ID: 1-200042-7

94-248 Pupukahi Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/13/2023

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 7/13/23).

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

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.(a)(1), (2)- CG#3's APS/CAN/Fingerprint result lapsed on 4/21/23 and no current result was present. HHM#2's APS/CAN/Fingerprint result lapsed on 8/12/22 and was not done until 6/21/23. HHM#4 and HHM#5 were without any results of APS/CAN/Fingerprint.

8.(a)(e), (e)(1), (e)(2)- CG#1 with a negative finding for APS/CAN/Fingerprint result dated 4/1/22. No exemption determination result was present.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for HHM#4 and HHM#5.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1)- HHM#4 and HHM#5 without any TB clearances present.

# 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;

Comment:

49.(a)(4)- Emergency exit pathway on the outside of the CCFFH was obstructed with a mattress, chair, 2 portable air conditioners, etc. and would not allow a wheelchair or walker access in case of emergency.

## Foster Family Home

## Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#3 without evidence of having had the CCFFH Emergency Preparedness Plan.

## Foster Family Home

## Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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.(a)(1)- No Emergency/Evacuation map present in the CCFFH.

54.(b)- No caregiver's signature present for Client #1's progress/observation notes for each dated entries from 8/5/22-7/9/23.

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

Client #1- client's Medication Administration Record(MAR) was last signed on 7/10/23. No signatures present from 7/11/23-7/13/23 (am). One daily scheduled medication was not written in MAR from January 2023- July 2023- medication was ordered on November 11, 2022. One medication's label did not match the MAR and MD's order.

Client #2-client's MAR was last signed on 7/10/23; no signatures present from 7/11/23-7/13/23 (am). One daily lifesaving medication was not written in client's MAR from June 2023-July 2023.

54.(c)(6)- Client #1's Daily Care Flowsheet/ADLs was last signed on 7/10/23.

54.(c)(8)- No evidence that a Personal Inventory of Client #1's belongings was initiated nor maintained.

Maribel Nakamine, RN 7/13/23  
Compliance Manager Date  
Sandra Ag 7/13/23  
Primary Care Giver Date  
7/13/2023 4:20:48 PM