Foster Family Home - Deficiency Report

Provider ID: 1-220088

Home Name: Angel Leah Agbisit, RN   **Review ID:** 1-220088-4

1333 Kaweloka Street   Reviewer: Maribel Nakamine

Pearl City   HI   96782   Begin Date: 8/3/2023

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 8/3/23).

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

41.(a)(1)   Reside in the community care foster family home;

Comment:

41.(a)(1)- No written authorization from landlord nor in rental agreement that CG#1 was allowed to operate a CCFFH in landlord's property.

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)- CCFFH's dining table was too high- unable to be accessed for a wheelchair bound client.

Foster Family Home	Quality Assurance	[11-800-50]

50.(b)   Adverse events shall be reported

Comment:

50.(b)- No Adverse Event form completed for Client #1's wound upon admission to CCFFH.

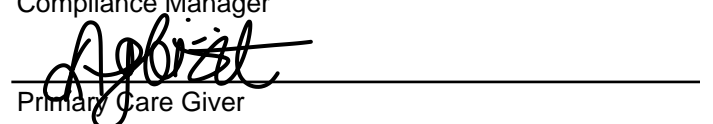| Foster Family Home	Records	[11-800-54]

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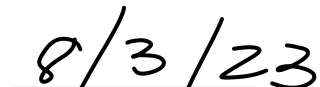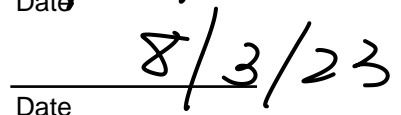
54.(c)(5)   Medication schedule checklist;

Comment:

54.(b)- CG#1's progress notes in Client #1's chart/records were missing signatures after each dated entries from 6/16/-23- 6/23/23.

54.(c)(5)- Client #1's Medication Administration Record (MAR) for the month of August 2023 without the administration times for each scheduled medications and no signatures present from 8/1/23- 8/3/23 (am).

Maribel Nakamine, RN   _8/3/23_

Compliance Manager   Date

Agbisit

Primary Care Giver   Date   _8/3/23_