

# Foster Family Home - Deficiency Report

Provider ID: 1-634354

Home Name: Sonia Pagdilao, CNA

Review ID: 1-634354-15

1046-A Morris Lane

Reviewer: Po Lim

Honolulu

HI 96817

Begin Date: 8/11/2023

## 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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 8.11.2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Client #1 is missing form 1147.

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

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(c) State Name Check (eCrim) was overdue for CG#2. State Name Check (eCrim) was due on or before 4/16/2023, and renewal is not present in the CCFFH file.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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.

Comment:

41.b.4 No disclosure form present for CG#4.  
CG#1 has an outdated disclosure form.

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG#2, which expired on 10/15/2022.

41.(b)(8) CCFFH did not have evidence of current CPR/ First Aid training for CG#1 and CG#4 . CG#1 was due on/before 1/31/2023. CG#4 CPR/1st aid is missing certificate card/verification.

# Foster Family Home - Deficiency Report

## 3 Person Staffing

## 3 Person Staffing Requirements

## (3P) Staff

(3P)(b)(2) Staff      Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH from the last entry date of 8/11/2022. CTA Compliance manager was unable to verify the number of hours CG#4 (NA) worked in a day or week.

## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety

## (3P) Fire

(3P)(b)(1) Fire      shall be conducted monthly

(3P)(b)(2) Fire      shall be held at different times of the day, evening, and night

(3P)(b)(4) Fire      shall include testing of smoke detectors

(3P)(b)(6) Fire      shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

CG#2 and CG#4 is have not conduct a fire drill in the last 12 months.  
Last fire drill that was conducted at the CCFFH was on 9/3/2022.

## Foster Family Home

## Physical Environment

## [11-800-49]

49.(c)(3)      The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) - There was evidence that the CCFFH was not being maintained in a clean, well ventilated, adequately lighted and safe manner.

The inside of the CCFFH had an excessive amount of clutter in all clients' rooms. Making access to and from, difficult.

## 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 - Deficiency Report

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;
- 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.

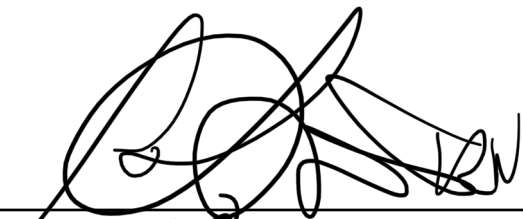
Comment:

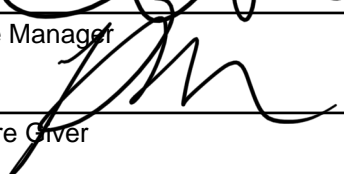
54(c)(2) Current service plan present for Client#1 is not signed by the client/POA.


54(c)(5) MAR present was not documented daily. Sheet not completed on 8/10/2023 for Client#2 and #3.

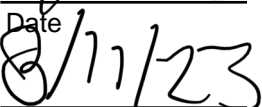
54(c)(6) ADL flowsheet was not documented daily. Sheet not completed from 8/9/23 to 8/10/23.

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