

Foster Family Home - Deficiency Report

Provider ID: 1-513235

Home Name: Hedidia Agbulos, CNA

Review ID: 1-513235-15

99-322 Ahe Ahe Street

Reviewer: Ryan Nakamua

Aiea HI 96701

Begin Date: 10/6/2023

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days after inspection (inspection date: 10/06/2023).

6.(d)(1) No evidence of completed 1147 form for client #1 provided by CCFFH.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(3) Inform clients about their confidentiality practices;

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

16.(c)(2) The use or disclosure is specifically permitted under applicable federal or state rules or regulations.

Comment:

16.(b)(3): No evidence provided by CCFFH that client #1 was informed of CCFFH's confidentiality practices. No documentation that client was informed.

16.(c)(1)(2): No evidence provided by CCFFH of a signed consent from client #1

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7): No current TB clearance for CG#3. Last documented TB clearance provided by CCFFH dated 1/19/2022 and was signed by RN.

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Grievance

[11-800-45]

- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1): No evidence by CCFFH that client #1 was informed of grievance policy and procedures. No signed acknowledgements by client #1 were presented by CCFFH.

45.(2): No evidence by CCFFH that client #1 was provided written copy of grievance policy and procedures to the client.

45.(3): No evidence by CCFFH of documentation that client #1 signed acknowledgment of policies and procedures were reviewed.

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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): Pet urine odor present in living area.

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Quality Assurance

[11-800-50]

- 50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e): Outside driveway gate locked and no doorbell/intercom present.

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Client Rights

[11-800-53]

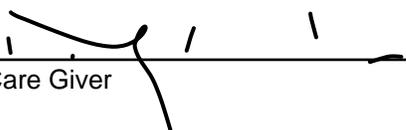
- 53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a): No evidence by CCFFH of client #1 was informed of their client's rights. No documentation was presented by CCFFH.



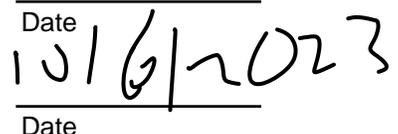
Compliance Manager



Primary Care Giver



Date



Date