

Foster Family Home - Deficiency Report

Provider ID: 1-220092

Home Name: Jaysel Danver Agonoy, NA

Review ID: 1-220092-3

94-560 Koaleo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/20/2023

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 9/20/23).

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 CG#3.

Foster Family Home	Personnel and Staffing	[11-800-41]
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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.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(4)- No Substitute Caregiver Disclosure form completed/present for CG#6.

41.(b)(7)- CG#1's TB clearance result lapsed on 6/3/23 and was not done until 8/2/23.

41.(g)- No basic skills checks completed for CG#3 in Client #1's chart/records.

Foster Family Home	Fire Safety	[11-800-46]
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46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#3 without evidence of having conducted a monthly fire drill for the CCFFH.

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Foster Family Home

Physical Environment

[11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2)- No grab bar/s present near clients' toilet.

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:

50.(b) Adverse events shall be reported

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.(a)- CG#2, CG#3, CG#4, CG#5, and CG#6 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

50.(b)- The CCFFH did not have evidence that an adverse event was reported for Client #1 regarding change in client condition and ER visit.

50.(e)- The CCFFH had a gate that did not have a form of communication which inhibited the announcement of a visitor's arrival to the facility.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

53.(b)(13) Retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other clients;

Comment:

53.(b)(9)- Client #1 and Client #2 were with video/camera monitoring devices inside their bedrooms. There were no written consents present in each client's record. Use of video is a violation of client privacy without proper consent.

53.(b)(13)- The CCFFH was storing their own personal items in Client #1's closet such as multiple boxes of a household member's collection of designer's handbags, etc.

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)(8) Personal inventory.

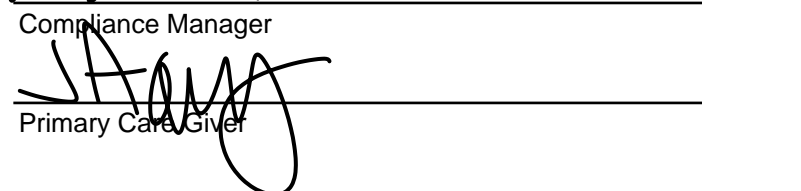
Comment:

54.(c)(2)- Client #2's Service Plan dated 5/26/23 did not have the client's/POA's signature.

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

9/20/23
Date

9/20/23
Date