

Foster Family Home - Deficiency Report

Provider ID: 1-618788

Home Name: Victoria Agregado, CNA

Review ID: 1-618788-12

3404 Likini Street

Reviewer: Ryan Nakamua

Honolulu

HI

96818

Begin Date: 10/16/2023

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/16/2023.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7): No evidence provided by CCFFH of CG#4 of current valid TB clearance. Last documented TB clearance dated 10/28/2021.

41.(c): No evidence provided by CCFH of compliance to at least 12 hours annually or 24 hours in two year of training for CG#5. Documented training provided by CCFFH was 4 hours since 10/2021.

Foster Family Home	Client Care and Services	[11-800-43]
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43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No evidence provided by CCFFH of RN delegation appointed to CG#5 for client #2. Documents provided by CCFFH shows delegation approval for all CGs except CG#5.

Foster Family Home	Fire Safety	[11-800-46]
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46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No evidence provided by CCFFH of monthly fire drills were conducted in the past 12 months. No documentation provided by CCFFH that 09/2023 fire drill was conducted.

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Foster Family Home

Quality Assurance

[11-800-50]

50.(e)(4)

Interviews with community care foster family home caregivers and other adults in the home, and service sub-contractors.

Comment:

Foster Family Home

Records

[11-800-54]

54.(c)(5)

Medication schedule checklist;

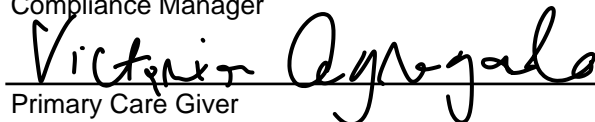
Comment:

54.(c)(5): Evidence provided by CCFFH that medications were signed off in MAR prior to scheduled administration time for client #1 and #2. Compliance manager found evening medications were signed off while examined at noon.

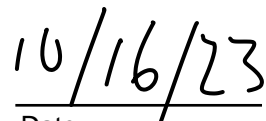
54.(c)(5): Discrepancy in MAR and medication orders signed from MD for client #2. Evidence provided by CCFFH shows MD ordered medication routinely daily but in MAR shows it is PRN.



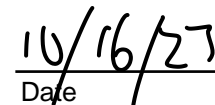
Compliance Manager



Primary Care Giver



Date



Date