

Foster Family Home - Deficiency Report

Provider ID: 1-150079

Home Name: Zeny Agonoy, CNA

Review ID: 1-150079-15

94-447 Kahualena Street

Reviewer: Po Lim

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 re-certification inspection.

CCFFH request for decrease from 3 beds to 2 beds.

Deficiency Report issued during CCFFH inspection via email on 9/20/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG#2. TB clearance was due on/before 7/7/2023.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid for CG #1. It was due on/before 7/5/2023. CCFFH did not have evidence of current BloodBorne Pathogen/ Infection Control for CG #1, #2, and #3. It was due on/before 1/19/2023.

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) - Last fire drill present in record was documented on 10/3/2022. No fire drill documentation present for November 2022 through August 2023.

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Foster Family Home

Records

[11-800-54]

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;

Comment:

54(c)(5) Partial missing MAR documentation for September 2023 for Client #1 and #2. Last entries for Client #1 was 9/18/2023. Last entries for Client #2 was 9/12/2023.

54(c)(6) ADL flowsheet was not documented daily. Sheet not completed from from 9/15/2023 to 9/19/2023.

Compliance Manager

Primary Care Giver

Date

Date