

Foster Family Home - Deficiency Report

Provider ID: 1-150006

Home Name: Sonia Agni, CNA

Review ID: 1-150006-14

94-1276 Peke Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 9/25/2023

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 9/25/23).

6.d.1- No 1147 form completed/present for Client #1. Client #2's 1147 lapsed on 11/12/22 and no current form was present.

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

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 for CG#6 and CG#7.

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

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)- CG#2's TB clearance lapsed on 1/14/23 and no current result was present.

41.(c)- CG#5 was short of 7 hours of the required 12 hours of annual in-service for the year 2023. CG#6 was short of 5 hours of the required 12 hours of annual in-service for the year 2023.

Foster Family Home Client Care and Services [11-800-43]

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 RN delegations for CG#2, CG#6, and CG#7 in Client #1's chart/records. CG#7 also without the RN delegations in Client #2 and Client #3's chart/records.

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Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d), (d)(1)- No MD order present for Client #2's full bedrails.

Foster Family Home

Physical Environment

[11-800-49]

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

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

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

49.(a)(4)- Emergency exit door located in Client #1's bedroom was obstructed with a large drum and other household items and would not allow a wheelchair or walker access in case of emergency.

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:

Comment:

50.(a)- CG#4, CG#5, CG#6, and CG#7 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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;

Comment:

53.(b)(9)- Client #1 and Client #2 with video cameras in bedrooms. There were no consent forms completed/present for use of video surveillance equipment. Use of video is a violation of client privacy without proper consent.

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)(8) Personal inventory.

Comment:

54.(c)(2)- Client #3's Service Plan lapsed on 7/11/23 and no current Service Plan was present.

54.(c)(5)- one medication was not written in Client #1's Medication Administration Record (MAR).

54.(c)(8)- Client #1 did not have evidence that a personal inventory log has been initiated and/or maintained.

Maribel Nakamine, RN

Compliance Manager

Sonia

Primary Care Giver

9/25/23
Date
9/25/23
Date

CTA RN Compliance Manager: MS. MARIBEL NAKAMINE

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: SONIA M. AGNI

(PLEASE PRINT)

CCFFH Address: 94-1276 PEKE PLACE WAIPAHU HI.96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
6.d.1	No.1147 for client #1 and #2 was obtained from CMA and it was placed in client's chart/records	10/23/23	home will used a calendar reminder from Ifone.To notify CMA 21days before its due for updates to prevent lapses.
16.b.5	confidentiality policies and procedures for client privacy rights were discuss to CG#6 and CG#7. Documented and placed in the binder	10/05/23	home will use post mark on binder as soon as there is an added scg for need to sign and document.to inform and schedule caregivers
41.b.7	2023 TB clearance for CG#2 were not obtain from the CG (Removed cg 10/23/23)	10/23/23	Home will use a spreadsheet on laptop to identify requirments that are going to expire.CG#1 to inform the caregiver 14days before it is due
41.c	Required 12hrs in services for CG#5 CG#6 were completed obtained and place in the binder.	10/06/23	Home will use a note reminder on a calendar visible on the table to prevent lapses and inform the caregiver
43.c.3	RN delegations for CG#2, CG#6 and CG#7 in clients #1 chart were documented and place in each respective clients charts including CG#7 in client's #2 and client's #3 for the delegation.	10/5/23 § 10/24/23	home will use a note book and write all the things neded to do for each scg's and a reminder notes for the RN when coming to visit not to missed delegation and document it.

 All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 10/25/23 CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: SONIA M. AGNI
(PLEASE PRINT)CCFFH Address: 94-1276 PEKE PLACE WAIPAHU HI.96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each Issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.c.2	Lapse can not be corrected	9/26/23	CG#1 will use a bold table calendar to put all due dates on to remind CMA of the client's Service Plan to prevent future lapses.
54.c.5	medication discrepancy was corrected by client's CMA, MD and CG#1 on client's medication administration record	10/23/23	CG#1 will look at all the medication administration records and bottles to ensure they match. Home will immediately notify CMA, MD or pharmacy if they are different.
54.c.8	Personal inventory list of client#1 upon admission obtained. It was placed in clients binder	09/25/23	CG#1 to immediately initiate or maintained personal inventory upon client's admission to prevent forgetting.

 All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 10/25/23 CTA has reviewed all corrected items