

# Foster Family Home - Deficiency Report

Provider ID: 1-516255

Home Name: Estela Paguirigan, CNA

Review ID: 1-516255-17

99-433 Paihi Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 11/14/2023

## 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 11/14/23).

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's APS/CAN/Fingerprint results lapsed on 4/13/23 and was not renewed until 11/1/23.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire - CG#3 without evidence of having conducted a monthly fire drill for the past 12 months.

## Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

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

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(c)- no list of medications' side effects present in Client #1's chart/records.



47.(d), (d)(2)- Client #2 and Client #3's use of siderails were not addressed in both of clients' service plans.

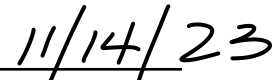
## Foster Family Home Records [11-800-54]

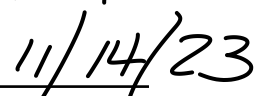
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- one daily scheduled medication was not written in Client #3's Medication Administration Record (MAR).

  
Compliance Manager  
  
Primary Care Giver

  
Date 11/14/23

  
Date 11/14/23