

Foster Family Home - Deficiency Report

Provider ID: 1-513376

Home Name: Pacita Agbisit, CNA

Review ID: 1-513376-15

94-1072 Lumiaina Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 11/27/2023

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 within 30 days after inspection (inspection date: 11/27/2023).

6.(d)(1): No evidence of current 1147 assessment completed for client #2. Document provided by CCFFH expired on 12/06/2022.

Foster Family Home	Background Checks	[11-800-8]
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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): No evidence by CCFFH of current ecrim clearance for CG#3, HHM#5, and HHM#6. No current clearance within the past 2 years.

8.(a)(2): No evidence by CCFFH of current APS/CAN clearance for HHM#5 and HHM#6.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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)(8): No evidence by CCFFH of current CPR/First Aid training for CG#3 and CG#4. No documents provided by CCFFH.

41.(b)(8): No evidence by CCFFH of current bloodborne pathogen and infection control training for CG#1, CG#2, and CG#3. No documents of completed training within the past 12 months.

41.(g): No evidence by CCFFH of current basic caregiver skills check by case management agency for CG#3 and CG#4 for clients #1, #2, and #3. No documentation provided by CCFFH.

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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 evidence of current RN delegations for CG#2 and CG#3 for clients #1, #2, #3. Per client #1 and #2's records, CG#3 and CG#4 were removed on 1/1/2023.

43.(c)(3): No RN delegations for all CG for client #1 regarding aspiration precautions/puree diet and nectar thickened liquids and oral suctioning. No documentation of delegations was given.

43.(c)(3): No RN delegations for CG#2, CG#3, and CG#4 for rectal medication administration for client #1. No documentation provided by CCFFH.

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: No evidence by CCFFH that CG#3 and CG#4 have participated or conducted a fire drill in the past year. No documentation provided by CCFFH.

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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.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(c): No evidence by CCFFH of having list of side effects of current medications for client #1. List provided by CCFFH does not contain all medications that client is taking.

47.(e): No evidence by CCFFH of training regarding client #1's special feeding needs. No documentation provided by CCFFH.

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Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3): live small rodent found in kitchen of CCFFH.

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Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b): No evidence by CCFFH of financial records regarding funds received and indirect expenditures. No documents provided by CCFFH.

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Records


[11-800-54]

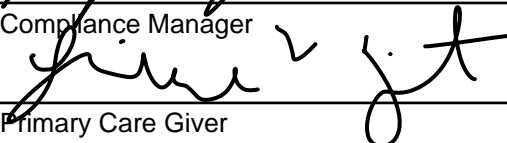
54.(c)(5)

Medication schedule checklist;


Comment:

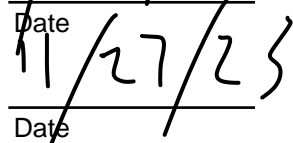
54.(c)(5): No evidence by CCFFH of medication administration documentation in client #3's MAR without lapses. No documentation noted from 10/18/2023 to 10/31/2023.



Compliance Manager


Primary Care Giver



Date


Date