

Foster Family Home - Deficiency Report

Provider ID: 1-160014

Home Name: Krystle Agaton, LPN

Review ID: 1-160014-16

91-112 Haloko Place

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 1/5/2024

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 1/5/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

41.(a)(2) Be a NA, an LPN, or RN;

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.a.2. CG#2 is not approved as a RN for the 3 bed CCFFH,

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2 and #4. CG#2 and CG#4 TB clearance was due on/before 12/16/2023.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#4. It was due on/before 3/31/2023.

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 delegation present for Client # 2 for CG#2, #3, #4, and #5.

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Foster Family Home

Records

[11-800-54]

- 54.(c)(1) Client's vital information;
- 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)(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)(1) Client# 2 did not have a current face sheet on file.

54(c)(2) No current signature of POA/client for service plan present for Client# 1.


54.(c)(5). No MAR sheet present for Client #1 and Client #3 for January 2024.

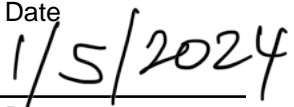
54(c)(6) No ADL flow sheet present for Client #1 and Client #3 for January 2024. Client #3 is missing December 2023 ADL flow sheet.



Compliance Manager


Primary Care Giver



Date


Date