

Foster Family Home - Deficiency Report

Provider ID: 1-200009

Home Name: Floriefe Agonias, NA

Review ID: 1-200009-9

94-312 Paiwa Street

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 12/7/2023

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 annual inspection for 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days after inspection (inspection date: 12/07/2023).

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

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): Evidence by CCFFH of lapse for CG#1, CG#4, and HHM#2 in criminal background check. Documents show lapse for CG#4 from 07/01/2023 to 10/04/2023, and HHM#2 lapse from 4/27/2023 to 11/15/2023 per documents provided.

8.(a)(2): Evidence by CCFFH of lapse of APS/CAN clearance for CG#1 and CG#4. Documents show lapse for CG#1 from 2/4/2023 to 3/29/2023 and documents show lapse for CG#4 from 7/01/2023 and 10/12/2023.

8.(a)(2): No evidence by CCFFH of current APS/CAN clearance for HHM#2. Documents provided by CCFFH dated 4/23/2021.


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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

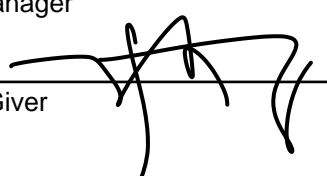
Comment:

41.(B)(7): Evidence by CCFFH of lapses in TB clearance for CG#6. Documents provided by CCFFH show lapse from 8/22/2023 to 11/16/2023.

41.(B)(7): No evidence of TB clearance for CG#5. No documentation provided by CCFFH.



Compliance Manager



Primary Care Giver

12/7/23

Date
12/7/23

Date

CTA RN Compliance Manager: RYAN NAYAMURA, RN

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

PCG's Name on CCFFH Certificate: FLORIEFE G. AGONIAS
(PLEASE PRINT)

CCFFH Address: 94-312 PAIWA ST. WAIKANA, 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?
8.6(1)	CG 4 lapse cannot be corrected.	10/05/23	HOME WILL USE A DESK CALENDAR TO PUT ALL DUE DATES ON, AND WILL BE MAINTAINED IN ALL THE RECORDS AT ALL TIME.
	HMM 2 lapse cannot be corrected	11/16/23	
8.6(2)	CG 1 lapse cannot be corrected	3/30/23	HOME WILL USE A CALENDAR TO PUT ALL DUE DATES ON. CG WILL REMIND SUBSTITUTES 1 MONTH BEFORE EXPIRATION DATE. CG WILL MAKE SURE THAT ALL NECESSARY DOCUMENTS WILL SECURED AND FILED ON FOLDER TO PREVENT LAPSES / VIOLATION.
	CG 4 lapse cannot be corrected	10/13/23	
	HMM 2 APS / CAN OBTAINED (SEE ATTACHED DOCUMENT)	01/12/24	

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 01/22/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: RYAN NAKAMURA, RN

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

PCG's Name on CCFFH Certificate: FLORIEFE G. AGOMAS
(PLEASE PRINT)

CCFFH Address: 94-312 PAIWA ST. WAIKANAHI 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?
A1.(B) (7)	<p>LAPSE CANNOT BE CORRECTED</p> <p>CG # 6</p> <p>CG 5 TB CLEARANCE OBTAINED (SEE ATTACHED DOCUMENT)</p>	<p>11/17/23</p> <p>06/01/23</p>	<p>HOME WILL SET AN ALARM OR CALENDAR (DESK) TO PREVENT FUTURE LAPSES. CG WILL INFORM SUBSTITUTE / HHM TO SECURE DOCUMENTS 1 MONTH PRIOR TO EXPIRATION.</p> <p>CG WILL KEEP THE DOCUMENT IMMEDIATELY TO THE FILE FOLDER TO PREVENT FROM MISPLACING IT.</p>

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 01/22/24

CTA has reviewed all corrected items