

Foster Family Home - Deficiency Report

Provider ID: 1-512055

Home Name: Soledad Agabao, CNA

Review ID: 1-512055-13

2340 California Avenue

Reviewer: Po Lim

Wahiawa HI 96786

Begin Date: 1/19/2024

| 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 visit made for a 3 bed re-certification inspection.

Client #1 has an out dated form 1147. Last date was 11/23/2020.

Deficiency Report issued during CCFFH inspection via email on 1/19/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

| 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:

Second Fingerprint check is overdue for HHM# 4 (turned 18 years old), was due on/before 3/14/2023.

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| Foster Family Home | Personnel and Staffing | [11-800-41] |
|--------------------|---|-------------|
| 41.(a)(3) | Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and | |
| 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. | |
| 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. | |
| 41.(f)(1) | Tuberculosis clearances that meet department of health guidelines; and | |

Comment:

41(a)(3) No job experience form present for CG#3.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1, CG#2, CG#3. All TBs expired.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/Bloodborne Pathogen/Infection control training for CG# 1. Bloodborne Pathogen was due on/before 7/14/2023. CG# 1 CPR/1st aid expires 5/3/2023.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2 and CG#4. CG# 2 requires 12 hours of in-service training, but had only 7 hours attended in 2023. No annual in-service training hours for CG# 4 for 2023 present in record. CG# 4 was required to have 12 hours in 2023.

41.(f)(1) No current TB clearance for HHM# 1, #3, #4, #5, and #6 TB clearance was due on or before 10/29/2023.

| 3 Person Staffing | 3 Person Staffing Requirements | (3P) Staff |
|-------------------|---|------------|
| (3P)(b)(2) Staff | Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS. | |

Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours CG# 4 (NA) worked in a day or week.

| 3 Person Fire Safety, Natural Disaster | 3 Person Fire Safety | (3P) Fire |
|--|----------------------|-----------|
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(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly by each CG at least once per year. CG#2 did not conduct a fire drill in the past 12 months.

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Insurance Requirements

[11-800-51]

51.(a)(1) General;

51.(a)(2) Automobile; and

Comment:

51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy for the business.

51.(a)(2)- The CCFFH did not have evidence of a current automobile policy.

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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 fiscal records present for 2024.

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Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54(c)(2) No current service plan present for Client# 1. Last one in record is dated 5/29/2022.

Compliance Manager

Primary Care Giver

Date

Date