

Foster Family Home - Deficiency Report

Provider ID: 1-110083

Home Name: Agnes Goya, CNA

Review ID: 1-110083-18

91-1041 Hanakahi Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 2/6/2024

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.

Client #2 has an outdated Form 1147 on file.

Deficiency Report issued during CCFFH inspection via email on 2/6/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#2 and CG#5.

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

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) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG# 2. It was due on/before 1/8/2024.

41.g. No basic skills check present in record for CG#2, #4, and #5.

Foster Family Home - Deficiency Report

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# 1 for CG#2, #4, #5.
No RN delegation present for Client# 2 for CG#2, #5.

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

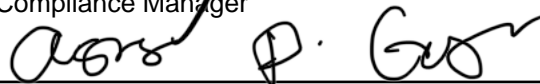
(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)The CCFFH did not have evidence that fire drills had been conducted monthly.



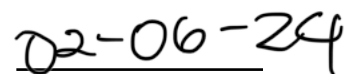
Compliance Manager



Primary Care Giver



Date



Date