

# Foster Family Home - Deficiency Report

Provider ID: 1-170030

Home Name: Darylle Agustin, NA

Review ID: 1-170030-13

1940 Kalihi Street

Reviewer: Ryan Nakamua

Honolulu

HI

96819

Begin Date: 4/3/2024

## 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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 4/03/2024).

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

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 of current criminal background check completed for CG#3. Documents provided by CCFFH show check was due by 3/14/2023.

8.(a)(2): No evidence of current APS/CAN check completed for CG#3. Documents provided by CCFFH show APS/CAN was due by 3/14/2023.

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## Foster Family Home

## Personnel and Staffing

[11-800-41]

- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
- 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.

Comment:

- 41.(b)(4): No documentation provided by CCFFH of completed substitute caregiver disclosure form completed by CG#4 and CG#6.
- 41.(b)(7): No documentation provided by CCFFH of current TB clearance for CG#6.
- 41.(b)(7): Evidence of lapse of TB clearance for CG#1. TB clearance due 7/14/2023 and was completed 10/06/2023.
- 41.(b)(8): No documentation provided of CPR/First aid training and bloodborne pathogen and infection control training completed for CG#6 and no documentation for bloodborne pathogen and infection control training for CG#3.
- 41.(b)(8): Evidence of lapse of CPR/first aid training certificate for CG#1. Certificate was due 8/12/2023 and was completed 11/4/2023.
- 41.(c): No documentation of CG#6 completing minimum 8 hours of annual in-service training during 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 evidence by CCFFH of documentation of RN delegation given to CG#3, CG#4, and CG#6 by client #1's case management agency.

## Foster Family Home

## Fire Safety

[11-800-46]

- 46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

- 46.(b)(2): No documentation of CG#6 conducting a fire drill in the past 12 months.

## Foster Family Home

## Client Rights

[11-800-53]

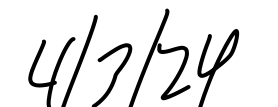
- 53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

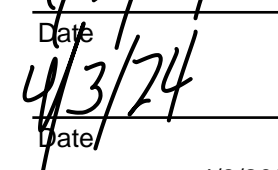
Comment:

- 53.(b)(9): Camera in use found in client #1's bedroom with no written acknowledgement/consent by client/responsible party.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date