

# Foster Family Home - Deficiency Report

Provider ID: 1-160062

Home Name: Evangeline Agonias, NA

Review ID: 1-160062-15

94-826 Kime Street

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 4/23/2024

## 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 (inspection date: 4/23/2024).

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

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) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(c): No documentation provided by CCFFH of minimum 8 hours in-service training in 2023 for CG#2. Documents provided by CCFFH show only 6 hours were completed.

41.(f)(1): No documentation provided by CCFFH of current TB clearance for minor household member.

## Foster Family Home Physical Environment [11-800-49]

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

Comment:

49.(a)(3): Bed that household members sleep is located in common living area.

## 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;

53.(b)(13) Retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other clients;

Comment:

53.(b)(9): No documentation provided by CCFFH of written consent/acknowledgment from client #2/POA for use of camera/monitors in common living area and kitchen.

53.(b)(13): Oxygen tanks found in client #1's bedroom closet that do not belong to client.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;


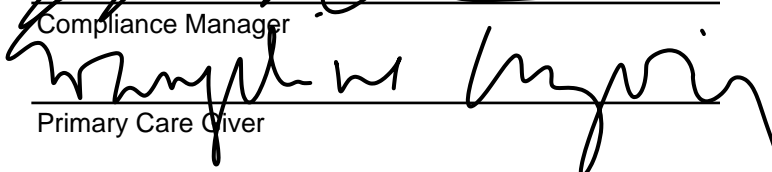
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

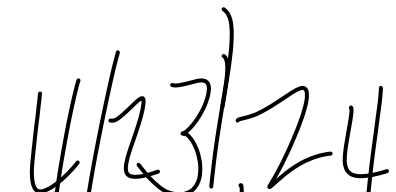
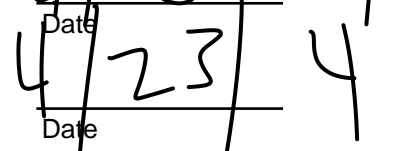
Comment:

54.(c)(5): No documentation since 4/19/2024 of medication administration for client #1 and client #2.

54.(c)(6): No documentation of daily vital signs taken for client #2 as addressed in service plan.

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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date