

# Foster Family Home - Deficiency Report

Provider ID: 1-220037

Home Name: Kathleen Pagurayan, NA

Review ID: 1-220037-6

94-1169 Hinaea Street

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 2/21/2024

## 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: 2/22/2024).

## 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;

Comment:

8.(a)(1): No evidence by CCFFH of 2 sets of fingerprint clearance for CG#2. No documentation provided by CCFFH.

## 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 evidence by CCFFH of confidentiality training was completed for CG#2, CG#3, and CG#4. No documentation provided by CCFFH.

## 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.

Comment:

41.(b)(4): No evidence by CCFFH of completed psychosocial assessment or disclosure form completed by CG#3. No documentation provided by CCFFH.

41.(b)(7): Evidence by CCFFH of lapse of TB clearance for CG#4. Documents provided by CCFFH show lapse from 5/04/2023 to 8/29/2023.

41.(b)(8): Evidence by CCFFH of lapse of First aid and CPR certification for CG#1 and CG#3. Documents provided by CCFFH show lapse occurred from 5/31/2023 to 7/16/2023 for CG#1 and 10/30/2023 to 1/06/2024 for CG#4.

# Foster Family Home - Deficiency Report

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 evidence by CCFFH of CG#3 conducted at least on monthly fire drill in the past 12 months. No documentation provided by CCFFH.

Foster Family Home

Records

[11-800-54]

54.(c)(1) Client's vital information;

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)(1): Evidence by CCFFH providing old facesheet for client #2. Per CCFFH, client is considered Medicaid but no insurance information documented in current face sheet to confirm. CTA confirmed that client is a Medicaid client.

54.(c)(6): No evidence by CCFFH of vital signs documented daily for client #1 as addressed in client's service plan. Documents provided by CCFFH show vital signs are currently being documented weekly.

54.(c)(6): No documentation provided by CCFFH of RN monthly visit by client #1's case management.

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

  
\_\_\_\_\_  
Date  
3/8/24  
\_\_\_\_\_  
Date

CTA RN Compliance Manager : Ryan Nakamura

Community Care Foster Family Home (CCFFH)

Written Plan of Correction

Chapter 11-800

PCG's Name on CCFFH Certificate: KATHLEEN PAGURAYAN

CCFFH Address: 94-1169 HINAEA STREET, WAIPAHU, HI 96797

Rule Number	Corrective Action Plan – How was each issue fixed for each violation?	Date each violation was fixed	Preventive Strategy – How will you prevent each violation from happening again in the future?
<b>BACKGROUND CHECKS</b>			
8 (a) (1)	I have let CG#2 do the Fingerprints and I have filed it on my Administrative Binder.	2/21/2024? 3/22/2024	I should mark my calendar dates to have periodic review of my SCG's requirements or documents to keep them up-to-date such as the Fingerprints. Also I should have a checklist of the requirements for my SCGs reflecting their expiration dates so I can review it periodically. This checklist should be on my reminder book/board.
<b>INFORMATION CONFIDENTIALITY</b>			
16 (b) (5)	Confidentiality Training for CGs# 2, 3, & 4 had been accomplished and the certificate is filed on my Administrative Binder.	2/24/2024	I should have a checklist of the requirements for my SCGs reflecting their expiration dates so I can review it periodically. This checklist should be on my reminder book/board. Also, I should mark my calendar dates to have periodic review of my SCG's requirements or documents to keep them up-to-date such as the Confidentiality Training.
<b>PERSONNEL AND STAFFING</b>			
41 (b) (4)	The Psychosocial Assessment/Disclosure (Substitute Disclosure Form) for CG #3 was done and filed on my Administrative Binder	2/21/2024	I should mark my calendar dates to have periodic review of my SCG's requirements or documents to keep them up-to-date such as the Psychosocial Assessment. Just like the other requirements, I should have a checklist to see if a requirement is expiring so it can be updated promptly.
41 b) (7)	CG # 4 had her TB Clearance done (Sept 8, 2023) & result is filed on my Administrative Binder.	2/21/2024	I should mark my calendar dates to have periodic review of my SCG's requirements or documents to keep them up-to-date such as the Annual TB Clearance.

All items that were corrected are attached to this POC

PCG's Signature Kathleen Pagurayan Date: 3/8/24

CTA has reviewed all corrected items

CTA RN Compliance Manager : Ryan Nakamura

## Community Care Foster Family Home (CCFFH)

## Written Plan of Correction

## Chapter 11-800

PCG's Name on CCFFH Certificate: KATHLEEN PAGURAYANCCFFH Address: 94-1169 HINAEA STREET, WAIPAHU, HI 96797

41 b) (8)	CGs # 1 & 3 - late Renewal of the CPR/FA. (Cannot be corrected already since the renewal was done but it's beyond the renewal date.)	2/21/2024	I should have a checklist of all the trainings/requirements for my SCGs like CPR/First Aid Training. I should mark my calendar dates to have periodic review of my SCG's requirements or documents to keep them up-to-date. CPR/FA should be renewed prior to the expiration date to prevent lapses.
<b>FIRE SAFETY</b>			
46 (b) 2	Client # 3 had undergone monthly fire drill. The certificate is filed on my Administrative Binder.	2/21/2024	I should have a checklist of all the trainings/requirements for my SCGs like the monthly Fire Drill and I should mark my calendar the dates to have periodic review of my SCG's requirements or documents to keep them up-to-date.
<b>RECORDS</b>			
54.(c)(1)	For Client #1, the Face Sheet has been updated with the information regarding the Medicaid Insurance and it's filed on the client's binder.	2/21/2024	Upon admission, or upon change of status, I should review the client's chart so that any missing information can be updated by asking my CMA. On my Reminder Board, I should indicate all the important reminders that need to be accomplished upon admission.
54. (c)(6)	For client # 1, vital signs had been checked weekly as indicated on the doctor's order. A copy of the MD order on the weekly vital signs check is filed on the client's binder. Also, on the Service Plan, Vital Signs checking is weekly. The Service Plan is also filed on the client's binder.	2/21/2024	Upon admission, I should review every part of the client's chart to check if all orders match - such as the MD Order with that of the Service Plan and the actual CCFFH care like on vital signs taking. For whatever discrepancy noticed, this should be reported to the CMA so prompt realignment can be done.
54 (c) (6)	For Client #1, The RN monthly visit has been requested from the CMA and is filed on the client's binder.	2/21/2024	On my Reminder Board, every month, after each RN visit, I should ask the assigned RN or I will ask the CMA to send me a copy of the Monthly Assessment so I will not miss any.

 All items that were corrected are attached to this POCPCG's Signature K Pagurayan Date: 3/8/24 CTA has reviewed all corrected items