

# Foster Family Home - Deficiency Report

Provider ID: 1-220041

Home Name: Lynn Marie Agbunag, CNA

Review ID: 1-220041-5

432 Hoomalu Street

Reviewer: Ryan Nakamua

Pearl City HI 96782

Begin Date: 2/12/2024

## 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: 2/12/2024).

CCFFH requests increase 2 to 3 beds.

## 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.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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)(4): No evidence by CCFFH of documentation of psychosocial assessment or substitute caregiver disclosure form for CG#4 and CG#5. No documents provided by CCFFH.

41.(b)(7): Evidence by CCFFH of lapse of TB clearance for CG#1. Documents provided by CCFFH show lapse from 5/27/2023 to 7/25/2023.

41.(e): CCFFH requests to increase to 3 bed CCFFH. No evidence by CCFFH of #6, #7 approved for substitute caregiver for 3 clients. No documents provided.

41.(g): No evidence by CCFFH of basic caregiver skills checked by client #1 and #2's case management agency for CG#3,#4,#5,#6, and #7. No documentation provided.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(3) Staff There is no provision for a three-hour or less substitute caregiver in CCFFHs with three clients in the home. If CTA approved an SCG for three hours or less, that approval applies only for one or two clients in a home.

Comment:

(3P)(b)(3) Staff: CCFFH requests to increase to 3 bed CCFFH. Based on approval letters from CTA, CG#3, #4, and #5 are only approved less than 3 HR caregivers.

# 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 evidence by CCFFH of any RN delegations from client #1's case management agency for CG#3, #4, and #5. No documentation provided by CCFFH.

43.(c)(3): No evidence by CCFFH of blood glucose monitoring RN delegation by client #1's case management agency for any caregivers. No documentation provided by CCFFH.

43.(c)(3): No evidence by CCFFH of RN delegation by client #2's case management agency for CG#3, #4, #5, #6, and #7. No documentation provided.

**3 Person Physical Environment**

**3 Person Physical Environment**

**(3P) Env.**

(3P)(a)(3) Env. the room must be at least 140 square feet

Comment:

(3P)(a)(3) Env.: Proposed shared room measured at 130 square feet.

Foster Family Home

Records

[11-800-54]

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


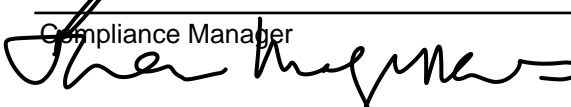
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to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

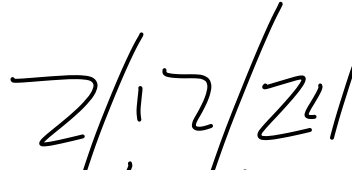

Comment:

54.(c)(2): Unable to review client #1's current service plan. Document provided by CCFFH is only first page with signatures only.

54.(c)(6): No evidence by CCFFH of any monthly visits conducted by client #1's case management agency RN since admission. No documentation provided by CCFFH.

54.(c)(6): No evidence by CCFFH of monthly visits conducted by client #2's case management agency since 8/2023. Most recent document provided by CCFFH is dated 7/2023.

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

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

CTA RN Compliance Manager: Ryan Nakamura

**Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Lynn Marie Agbunag


*(PLEASE PRINT)*

CCFFH Address: 432 Hoomalu St Pearl City Hi 96782

*(PLEASE PRINT)*

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41(b)(4)	Disclosure forms for CG #4 and CG #5 has been completed and placed into CCFFH binder.	02/15/24	CCFFH will use a post it note to assure all CG's disclosure forms are completed and placed, within 2 weeks of approval.
41(b)(7)	Lapse of TB clearance for CG #1 cannot be corrected.	07/26/23	CCFFH will use a journal to write all due dates. TB clearance will done 2 weeks before due date to prevent future lapses.
41(e)	CG #6 was approved for 3 bed CCFFH substitute caregiver by CTA on 11/09/2023.	11/09/23	CCFFH will file CG #6 document immediately, when approved for 3 bed.
	CG #7 is not eligible to be a substitute caregiver at this time, if CCFFH is approved for 3 bed.	02/15/24	CCFFH will apply with CTA when CG #7 requirements are met.
41 (g)	Basic caregiver skills is completed by CG #3, #4, #5, #6 and #7. It is placed into client's #1 and #2 file.	03/01/24	CCFFH will use a journal to write a list of documents that needs to be completed by all CG's within 2 weeks of approval.
3P(b)(3)	CG #3, #4, and #5 is approved by CTA for less than 3 hours.	03/05/24	CG #3, #4, and #5 will remain as household members only, if CCFFH is approved for 3 bed.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 03.16.2024

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura

**Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Lynn Marie Agbunag

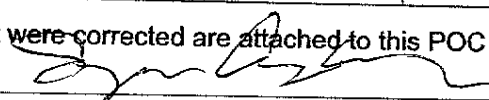
*(PLEASE PRINT)*

CCFFH Address: 432 Hoomalu St Pearl City Hi 96782

*(PLEASE PRINT)*

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
43(c)(3)	<p>RN delegations from client #1's CMA for CG #3, #4, and #5 is updated and placed into client #1's file.</p> <p>CCFFH of blood glucose monitoring RN delegations by client #1's CMA for all caregivers is completed and placed in client #1's file.</p> <p>CCFFH of RN delegations by client #2's CMA for CG #3, #4, #5, #6, and #7 is completed and placed into client #2's file.</p>	02/28/24	<p>CCFFH will inform CMA that RN delegations needs to be produced within 2 weeks of client being placed in CCFFH.</p> <p>CCFFH will notify CMA that RN delegations need to be completed when assigned a task within 2 weeks.</p> <p>CCFFH will inform CMA that RN delegations needs to be produced within 2 weeks of client being placed in CCFFH.</p>
3P(a)(3)	CCFFH measured another bedroom for client #3 measuring at 144 sq ft.	02/29/24	When approved for 3 bed, CCFFH meets the measurement requirements.
54(c)(2)	Client #1's service plan is now current and placed into Client #1's file.	02/25/24	CCFFH will remind CMA to update client #1's service plan within 2 weeks of client being placed in CCFFH.
54(c)(6)	CCFFH of monthly visits by client #1's CMA is completed. It is placed in clients file.	03/11/24	CCFFH will remind RN from CMA to provide documents after each monthly visits.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 03-16-2024

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Lynn Marie Agbunag


(PLEASE PRINT)

CCFFH Address: 432 Hoomalu St Pearl City Hi 96782

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54(c)(6)	CCFFH of monthly visits by client #2's CMA has been updated. It is placed in client #2's file.	02/12/24	CCFFH will remind RN from client #2's CMA to prepare documents after each monthly visits.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 03.16.2024

CTA has reviewed all corrected items