

Foster Family Home - Deficiency Report

Provider ID: 1-090063

Home Name: Sally Aguinaldo, CNA

Review ID: 1-090063-15

91-1670 Auwaha Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 2/13/2024

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#1 has an incompletd form 1147.
Client#2 have no form 1147 currently.
Client#3 have form 1147 that is outdated.

Deficiency Report issued during CCFFH inspection via email on 2/13/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8(a)(2) APS/CAN checks were lapsed for CG#1, CG#3, and HHM#1.
APS/CAN was due on or before 10/26/2023 and was completed on 12/8/2023.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) The CCFFH did not have evidence that fire drills had been conducted by each CG at least once per year. CG#2 did not conduct a fire drill within 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 - Client bedrooms and bathrooms are supposed to allow clients to lock them from inside for privacy. Client #1 room have locking mechanism is on the outside of the door.

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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)(3) Current copies of the client's physician's orders;
- 54.(c)(8) Personal inventory.

Comment:

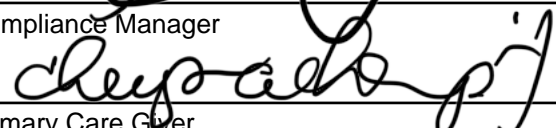
4(c)(2) No current signature of POA/Client for 7/5/2023 service plan for Client#3.

54(c)(3) Client#2 did not have copies of the physician's orders for admission. Client#1 One medication has orders that do not match the prescription label dosage/directions.

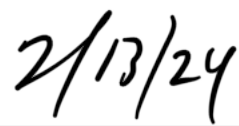
54(c)(8) Client# 2 did not have evidence that a personal inventory log has been initiated and/or maintained.



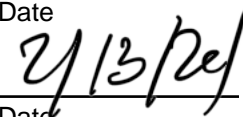
Compliance Manager



Primary Care Giver



Date



Date