

Foster Family Home - Deficiency Report

Provider ID: 1-230067

Home Name: Gretchen Angel Agullana,
CNA

Review ID: 1-230067-3

907 Winant Street

Reviewer: Po Lim

Honolulu

HI 96817

Begin Date: 6/7/2024

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 2 bed re-certification inspection.

Client #1 and Client#2 is missing Form 1147.

Deficiency Report issued during CCFFH inspection via email on 6/7/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#3.

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) RN delegation present for Client #2 for HHM#1. Case Manager provided RN delegation on 11/8/2023 to an adult household member (not approved SCG).

Foster Family Home Records [11-800-54]

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

Comment:

54(c)(5) MAR was not documented daily for Client #1. Sheet not completed from 6/5/24 to 6/6/24.

Compliance Manager

Primary Care Giver

Date

Date

6/7/24

06/07/24