

Foster Family Home - Deficiency Report

Provider ID: 1-170082

Home Name: Jovy Agcaoili, NA

Review ID: 1-170082-13

91-1076 Kuhina Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 5/15/2024

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 #2 has an expired Form 1147 on 7/1/2022, no new in file.

Deficiency Report issued during CCFFH inspection via email on 5/15/2024 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)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1) Second Fingerprint check is overdue for HHM# 1 and HHM#2.

8(a)(2) APS/CAN checks were lapsed for CG#2 and CG#3.

CG#2 APS/CAN was due on or before 3/18/2024 and was completed on 5/10/2024.

CG#3 APS/CAN was due on or before 1/18/2024 and was completed on 5/10/2024.

8(c) State Name Check (eCrim) was lapsed for CG#2 and CG#3.

CG#2 State Name Check (eCrim) was due on or before 1/15/2024 and was completed on 3/26/2024.

CG#3 State Name Check (eCrim) was due on or before 12/26/2023 and was completed on 2/8/2024.

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 HHM#1 and HHM#2.

Foster Family Home - Deficiency Report

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

- 41.(b)(5)(C)(i) Have a valid driver's license;

- 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.

- 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:

Comment:

41.b.5.c.ii CG#2 and CG#3 have expired picture ID/License.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1, CG#2, and CG#3. CG# 1 TB clearance expired, was due on/before 11/25/2023. No renew on file. CG# 2TB clearance expired, was due on/before 12/12/2023. No renew on file. CG# 3 TB clearance expired, was due on/before 1/5/2023. No renew on file.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/Bloodborne Pathogen/Infection control training for CG# 2. BBP/IC was due on/before 3/13/2024, and no renew on file. CG#2 CPR/1st aid expires 2/26/2024, and no renew on file.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 3. CG# 3 requires 8 hours of in-service training, but had ZERO hours attended in 2023.

41.(f)(1) No current TB clearance/exclusion for HHM#1 and HHM#2.

Foster Family Home	Fire Safety	[11-800-46]
--------------------	-------------	-------------

- 46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - No fire drill was conducted for April 2024.

Foster Family Home	Records	[11-800-54]
--------------------	---------	-------------

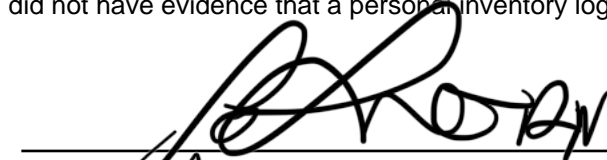
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

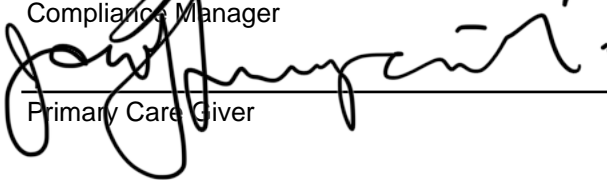
- 54.(c)(8) Personal inventory.

Comment:

54(c)(2) No current signature of the POA/client for service plans present for Client#1 and Client#2.

54(c)(8) Client# 1 did not have evidence that a personal inventory log has been initiated and/or maintained.



 Compliance Manager


 Primary Care Giver

5/15/2024

 Date
 5/15/2024

 Date

CTA RN Compliance Manager: PO Lim

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

PCG's Name on CCFFH Certificate: Jovy Jane Agcaolli

(PLEASE PRINT)

CCFFH Address: 91-1076 Kuhina St. Ewa Beach Hi. 96706

(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?
8.(a)(1)	• Lapsed of second finger print cannot be overdue. #HM#1 and #HM#2 obtained new finger print.	7/2/2024	• Home will use a reminder to put all due dates to prevent over dues.
8.(a)(2)	• Lapsed CG#2 and CG#3 APS/CAN. obtained new APS/CAN. It was placed in home record.	5/10/24	• Home will use a calendar reminder to prevent future lapse.
8(c)	• Lapsed ecrim for CG#2 and CG#3 cannot be corrected.	3/26/24 2/4/24	• Home will make a calendar reminder to prevent future lapses.
16.(b)(5)	• #HM#1 and #HM#2 completed and signed policies and procedures and client privacy rights and training. It was placed in home record.	6/8/2024	• Home will use a reminder notes to complete policies and procedures.

All items that were corrected are attached to this POC

PCG's Signature: _____

Jovy Jane Agcaolli

Date: 7/8/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: PO Lim

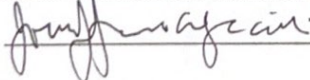
**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Jovy Jane Agcaoili
(PLEASE PRINT)

CCFFH Address: 91-1076 Kuhina St. Ewa Beach HI. 96706
(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.6.ciii	CG#2 and CG#3 obtained new picture ID. It was placed in home record.	6/10/24	Home will use a calendar reminder to put all due dates to prevent expirations.
41.(b)(7)	TB clearance for CG#1, CG#2, CG#3 was misplaced. Found and placed in home record.	6/10/24	Home will use a calendar to put all due dates.
41.(b)(8)	CCFFH was CPR. First Aid, bloodborne pathogen for CG#2 was misplaced. Found and placed in home record.	6/12/24	Home will put in the right place. Home will use a calendar to put all due dates.
41.(c)	In Service hrs. for CG#3 cannot be corrected for 2023	6/12/2024	Home will make sure that all CG's will complete 8 hrs in service training for 2023. Home will use a calendar to put all due dates.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 7/8/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: PO Lim

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

PCG's Name on CCFFH Certificate: Joy Jane Agcailli
(PLEASE PRINT)

CCFFH Address: 91-1076 Kuhina St. Ewa Beach HI. 96706
(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.(f)(1)	• TB clearance for HHM #1 & HHM #2. obtained TB clearance and placed in home record	6/10/24	• Home will use a calendar to prevent due dates.
46(a)	• Fire drill for April 2024 cannot be corrected	6/12/24	• Home will use reminder to put all due dates to prevent future lapses.
• 54(a)(2)	• current signature of POA, secure plan obtained for POA and placed in home record.	6/12/24	• Home will have reminder notes for POA to sign in the service plan.
• 54(c)(f)	• Personal inventory obtained for Client #1 and placed in home record.	6/10/24	• Home will have reminder note to make a personal inventory upon admission.

All items that were corrected are attached to this POC

PCG's Signature: Joy Jane Agcailli

Date: 7/8/24

CTA has reviewed all corrected items