

# Foster Family Home - Deficiency Report

Provider ID: 1-563595

Home Name: Juliana Aguinaldo, CNA

99-143 Kalaloa Street

Aiea HI 96701

8/3/24

Review ID: 1-563595-16

Reviewer: Ryan Nakamura

Begin Date: 7/22/2024

## 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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 7/22/2024).

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

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.(g): No documentation provided by CCFFH of CG#2 and CG#4 caregiver skills were checked by client #2's case management agency.

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

(3P)(a)(5) Staff Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.

Comment:

(3P)(a)(5) Staff: No documentation provided by CCFFH of CG#1, CG#2, CG#3, and CG#4 meeting minimum requirements of 12 hours of annual in-service training in the past 12 months or 24 hours in the past 24 months.

## 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 documentation of CG#2 and CG#4 delegated for any tasks by client #2's case management agency.

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

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

Comment:

54.(c)(5): Discrepancy of one medication regarding time given by CG#1 and time given according to client #1's medication administrative record (MAR). Medication is scheduled to be administered in the morning but CG#1 stated it is being given in the evening.

54.(c)(5): One medication missing from client #1 and client #2 on hand with no plan of refill.



Compliance Manager



Primary Care Giver

7/22/24

Date

7/28/24

Date