

Foster Family Home - Deficiency Report

Provider ID: 1-200042

Home Name: Shaina Lei Agcaoili, NA

Review ID: 1-200042-10

1351 Noelani Street

Reviewer: Ryan Nakamua

Pearl City HI 96782

Begin Date: 6/12/2024

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 by within 30 days of inspection (inspection date: 6/12/2024).

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

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.

Comment:

41.(b)(7): No documentation provided by CCFFH of current TB clearance for CG#1. TB clearance was due by 3/24/2024.

41.(b)(8): No documentation provided by CCFFH of current first aid/CPR training for CG#2. First aid/CPR was due by 1/7/2024.

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 documentation provided by CCFFH of fire drills were conducted monthly in the past 12 months by any caregivers. Last fire drill documented on 6/14/2023.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2): Automobile insurance of vehicle that transports clients does not have minimum \$100,000 bodily injury damage per person protection.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

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

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.(a)(1): No documentation provided of current evacuation map of CCFFH provided.

54.(c)(5): No documentation of medication administrated for client #1 since 5/28/2024.

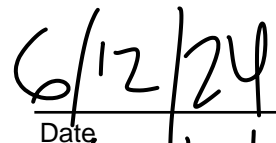
54.(c)(6): No documentation provided of client #1's personal care or skilled nursing daily check list since 5/28/2024.



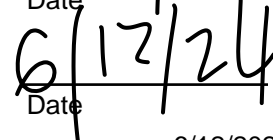
Compliance Manager



Primary Care Giver



Date



Date