

Foster Family Home - Deficiency Report

Provider ID: 1-513235

Home Name: Hedidia Agbulos, CNA

Review ID: 1-513235-18

99-322 Ahe Ahe Street

Reviewer: Ryan Nakamura

Aiea HI 96701

Begin Date: 9/25/2024

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 within 30 days of inspection (inspection date:9/27/2024).

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): Evidence of lapse of TB clearance for CG#2. TB clearance was due by 11/17/2023 and was completed on 1/25/2024.

41.(b)(7): No evidence provided by CCFFH of CG#3's TB clearance was signed by MD/APRN/DO. Documents provided show current TB clearance signed by a RN.

41.(b)(8): Evidence of lapse of first aid/CPR for CG#1 and CG#2 and CPR for CG#3. Training was due by 1/27/24 and was completed 7/10/2024 for CG#2 and CG#3. CG#3 was due by 7/1/2024 and completed 7/8/2024.

41.(b)(8): Evidence of lapse of bloodborne pathogen/infection control training for CG#1, CG#2, and CG#3. Training was due by 3/15/2024 for CG#1 and 3/12/2024 for CG#2 and CG#3 and was completed by all caregivers on 7/8/2024.

Foster Family Home Medication and Nutrition [11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e): No evidence provided by CCFFH of caregivers received training how to prepare pureed texture diets for client #1. CG#1 stated that CCFFH provide meals with "soft food". Current physician order is Puree.

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Physical Environment

[11-800-49]

- 49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;
- 49.(a)(6) A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.
- 49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(4)(5): At arrival for recertification inspection, closest exit to street was partially obstructed due to heavy clutter in outdoor garage. Small path from street to doorway was present but not wheel chair accessible.

49.(c)(3): Strong urine odor found on arrival for recertification inspection located in common living area. Small puddles were also found on the floor only on common living area. CCFFH has 2 small dogs living in home.

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Quality Assurance

[11-800-50]

- 50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a): No evidence provided of CCFFH's emergency preparedness plan or internal emergency management policies.

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Records

[11-800-54]

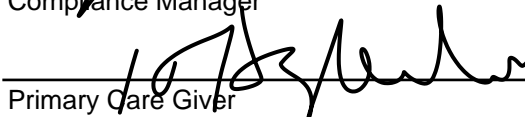
- 54.(c)(5) Medication schedule checklist;

Comment:

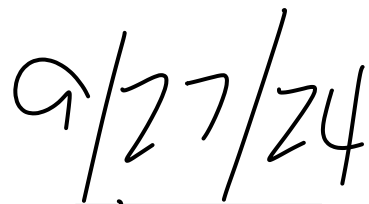
54.(c)(5): Discrepancy noted regarding 2 medications of client #1 been given. 1 medication has been administered once daily while a physician order and medication administration record (MAR) stated to be administered twice daily. A different medication had discrepancy with medication label and physician order and client's current MAR. Order stated medication to be given routinely and MAR stated as needed.



Compliance Manager



Primary Care Giver



Date



Date