

Foster Family Home - Deficiency Report

Provider ID: 1-240001

Home Name: Sherry Agustin, CNA

Review ID: 1-240001-3

94-149 Mokukaua Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 9/26/2024

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 are missing Form 1147.

Deficiency Report issued during CCFFH inspection via email on 9/26/2024 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 HHM#3.

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:

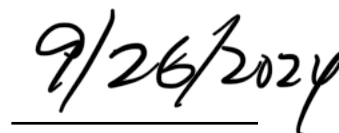
41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3. CG#3 TB clearance expired, was due on/before 1/3/2024.

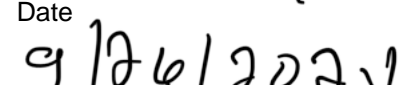
41.(b)(8) CCFFH did not have evidence of current First Aid training for CG# 4.



Compliance Manager


Primary Care Giver



Date


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: SHERRY AGUSTIN

(PLEASE PRINT)

CCFFH Address: 94-149 MOKUKAUA ST WAIPAHU HI, 96797

(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?
6(d)(1)	Obtained Client#1 and Client#2 1147.	9/27/24	Making sure to have the 1147 on the patient folder on the day of admission.
16.(b)(5)	HHM#3 read and signed the training on confidentiality policies and procedures and client privacy.	9/27/24	Making sure that all my SCG and HHM have read and signed all the training policies, procedures and client privacy on the day of admission.
41.(b)(7)	CG#3 obtained TB Clearance.	9/30/24	Set phone alarm 2 months prior the expire date prevent over lapping.
41.(b)(8)	CG#4 obtained First Aid training.	9/27/24	Set my phone alarm 2 months prior the expire date prevent over lapping.

All items that were corrected are attached to this POC

PCG's Signature: Sherry Agustin

Date: 10-02-24

CTA has reviewed all corrected items