

# Foster Family Home - Deficiency Report

Provider ID: 1-618788

Home Name: Victoria Agregado, CNA

Review ID: 1-618788-14

3404 Likini Street

Reviewer: Ryan Nakamura

Honolulu

HI 96818

Begin Date: 9/11/2024

## 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:9/11/2024).

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(5): Evidence provided by CCFFH of current car insurance did not meet minimum requirements of \$100,000 bodily injury damage per person and \$30,000 property damage.

41.(b)(7): Evidence of current TB clearance date altered for CG#2. Copy of current TB clearance's date whited out and written new date to meet to attempt to meet compliance.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire: No evidence provided by CCFFH of fire drills were conducted monthly. No documentation provided for months of 7/2024 and 8/2024.

## Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

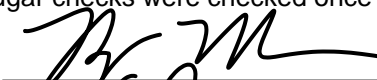
53.(b)(9): No evidence of signed written consent/acknowledgement of use of cameras/monitors in clients' bedrooms and/or common living area by client #1 and client #2.

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

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.(c)(6): No evidence provided that CCFFH performed of blood sugar checks three times a day as ordered by client #2's physician. Blood sugar checks were checked once a day in the current month of inspection.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

9/11/24  
\_\_\_\_\_  
Date

9/11/24  
\_\_\_\_\_  
Date