

Foster Family Home - Deficiency Report

Provider ID: 1-150079

Home Name: Zeny Agony, CNA

Review ID: 1-150079-17

94-447 Kahualena Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 9/17/2024

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 have expired form 1147, expired 12/24/2023.

Deficiency Report issued during CCFFH inspection via email on 9/17/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8(a)(2) APS/CAN checks were lapsed for CG#1 and CG#2.

CG#1 APS/CAN was due on or before 10/20/2023 and was completed on 5/23/2024.

CG#2 APS/CAN was due on or before 11/19/2023 and was completed on 1/18/2024.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:


41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen training for CG# 2. It was due on/before 1/6/2024.

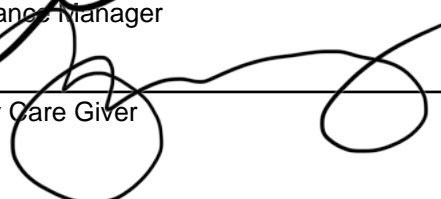
Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

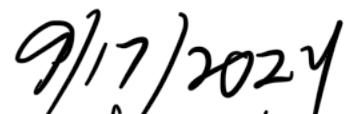
Comment:

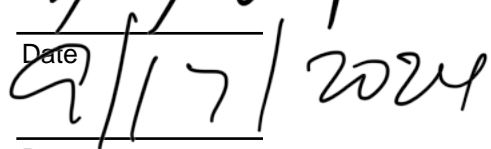
54(c)(2) No current service plan present for Client#2. Last one in record is dated 10/18/2023.



Compliance Manager


Primary Care Giver



Date


Date