

Foster Family Home - Deficiency Report

Provider ID: 1-594350

Home Name: Raquel Agpaoa, CNA

Review ID: 1-594350-20

94-1006 Halehau Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 10/30/2024

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: 10/30/2024).

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g): No evidence provided that CCFFH CG#2 and CG#3 basic caregiver skills were checked by client #2's case management agency.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No documentation provided by CCFFH of RN delegations of any tasks were given to CG#2 and CG#3 by client #2's case management agency.

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 by CCFFH. Last documented fire drill dated 07/2024.

Foster Family Home - Deficiency Report

Foster Family Home

Records


[11-800-54]

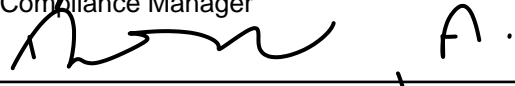
54.(c)(5) Medication schedule checklist;

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;

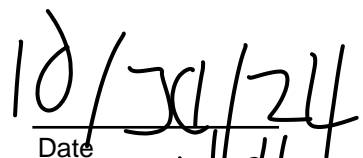
Comment:

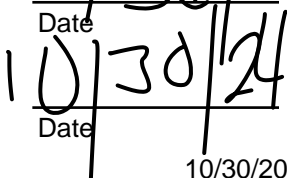
54.(c)(5)(6): No evidence provided by CCFFH of daily documentation of ADLs, vital signs, and medication administration for client #1 and #2. No daily documentation noted since 10/09/2024 for all medications and 10/25/2024 for ADLs for client #1 and no documentation since client #2's admission.



Compliance Manager


Primary Care Giver



Date


Date