

Foster Family Home - Deficiency Report

Provider ID: 1-200009

Home Name: Floriefe Agonias, NA

94-312 Paiwa Street

Waipahu

HI 96797

Review ID: 1-200009-11

Reviewer: Maribel Nakamine

Begin Date: 11/7/2024

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 11/7/24).

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

8.(a)(1), (2)- CG#3's APS/CAN lapsed on 12/22/23 and no current result was present. CG#2 without a sex offender search result. HHM#2's APS/CAN lapsed on 4/26/23 and no current result was present. HHM#2's Ecrim lapsed on 4/26/23 and was renewed on 11/6/23. HHM#3 without the result of APS/CAN/Fingerprint and also no sex offender search result present.

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 confidentiality policies and procedures and client privacy rights training present for 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.

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.(b)(7)- CG#1's TB clearance lapsed on 10/18/24 and CG#2's lapsed on 3/13/24. Both were without the current clearances results.

41.(b)(8)- CG#1's CPR/basic first aid training certificate lapsed on 10/26/24 and CG#2's lapsed on 11/2/22. Both were without the current certificates present.

41.(g)- No basic skills checklist present for CG#5 in Client #1's chart/records.

Foster Family Home - Deficiency Report

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

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

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.(b)- No CCFFH bedroom available for a 2nd client as CCFFH's 2nd bedroom was being utilized as a storage room and CCFFH is licensed for 2 beds.

43.(c)(3)- No RN delegations present for CG#5 in Client #1's chart/records.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#4 and CG#5 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home Physical Environment [11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(2)- No grab bar present near client's toilet.

49.(a)(4)- Access to kitchen/refrigerator and dining area by wheelchair/walker was blocked by basket and buckets of dirty laundry, household items, boxes of canned goods, etc.

49.(c)(3)- CCFFH's dining table cluttered with clothes, food items, papers, umbrella, etc. impinging on client's space and use of dining table for meals.

Foster Family Home Records [11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(c)(8) Personal inventory.

Comment:

54.(b)- Client #1's chart and CCFFH's binder were in disarray inhibiting effective review of records.

54.(c)(8)- No Personal Inventory form completed for Client #1.

Maribel Nakamine, RN 11/7/24
Compliance Manager Date

[Signature] 11/7/24
Primary Care Giver Date

CTA RN Compliance Manager: MARIBEL NAKAMINE

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: FLORIEFE G. AGONIAS
(PLEASE PRINT)

CCFFH Address: 94-312 PAIWA ST. WAIKAIHUA, 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?
8.(a)(1) (2)	CG 2 Lapsed cannot be corrected	1/22/24	PCG will keep the documents immediately to the FILE FOLDER TO PREVENT FROM MISPLACING IT.
	CG 2 SEX OFFENDER OBTAINED	1/10/24	PCG will need to be updated her emails / news letter for any requirements to be on file.
	H4M #2 Lapsed cannot be corrected. APS / CAN	1/12/24	I will make sure next time that all documents will put on FILE right away.
	H4M #2 ECRM - Lapsed can no longer corrected. 4/26/23 lapsed.	11/6/23	PCG will use Cellphone to set alarm for reminder 1 month before the expiration date.
	H4M #3 APS / CAN / FINGER PRINT & SEX OFFENDER OBTAINED	11/18/24 11/18/24	PCG must be aware that any H4M turning 18 will require to secure these documents.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 12/13/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE

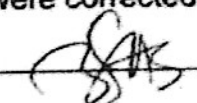
**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: FURIEFE AGOMAS
(PLEASE PRINT)

CCFFH Address: 94-312 PAIWA ST. WAIKANAHI 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?
16.(b) (5)	HHM #3 secured the document.	11/10/24	I will make sure all HHM at the age of 18 should have such document.
41.(b) (7)	CG#1 lapsed cannot be corrected.	11/20/24	PCG will set on alarm 2 weeks before the expiration date.
41.(b) (8)	CG#2	9/24/24	PCG will remind CG#2 to do skin test 2 wks before expiration.
	CG#1 lapsed cannot be corrected.	11/14/24	PCG will make an appointment 1 month before expiration to prevent lapses.
	CG#2 lapsed can't be corrected.	12/08/23	
41.(g)	CG#5 was not able to do the basic skills prior to the client's transfer to another home. (Foster home)		PCG will encourage SCG to have time to do the skills before giving care to the client.
43.(b)	PCG vacated the room & get ready for another client.	11/12/24	PCG will maintain the room's availability whether it is occupied or not.
43.(c) (3)	CG#5 was not able to do the delegation prior to client's transfer.		Inform SCG to find time to do the delegation.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 12/13/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE
 Community Care Foster Family Home (CCFFH)
 Written Plan of Correction (POC)
 Chapter 11-800

PCG's Name on CCFFH Certificate: FLORIEFE AGOMAS (PLEASE PRINT)
 CCFFH Address: 94-312 PAWA ST. WAIKANAHI 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?
46.(b) (2)	CG # 4 obtained fire drill CG # 5 is schedule for December.	11/15/24	PCG should make schedule for all SCG to have / conduct fire drill. make sure that SCG # 5 will conduct fire drill before the year ends.
49.(a) (2)	TOILET SAFETY RAILS and BAR was installed	11/20/24	PCG will keep the safety bars intact whether a client will need it in order to be ready at all times.
49.(a) (4)	Access to the kitchen/Ref & dining area has been cleared and cleared.	11/10/24	PCG will put extra storage outside where i can put stock different my different staff.
49.(c) (3)	Dining table has been cleared & cleaned and Ready to use. (see attached photos)	11/10/24	PCG will not put / store my extra things anymore on the table, & always ready for the clients to use for dining.

All items that were corrected are attached to this POC
 PCG's Signature: [Signature] Date: 12/13/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: FLORIANE G. AGOMAS
(PLEASE PRINT)

CCFFH Address: 94-312 PAIWA 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?
54.(b)	CLIENTS chart / & CCFFHs binder has been put & stored in one place.	11/22/24	PCG made a storage exclusive for charts & binder for easier review and accessibility.
54.(c) (8)	Personal inventory has been done.	11/14/24	PCG will make sure to do the inventory right after admission so that i won't forget next time.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 12/13/24

CTA has reviewed all corrected items