Foster Family Home - Deficiency Report

Provider ID: 1-160004

Home Name: Leonida Agasid, CNA Review ID: 1-160004-16

94-1306 Huakai Street Reviewer: Maribel Nakamine

Waipahu HI 96797 Begin Date: 1/13/2025

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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 1/13/25).

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)- CG#4's APS/CAN lapsed on 2/8/24 and was not renewed until 1/13/25.

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)- CG#2 and CG#3 without the basic skills checks completed for Client #1.

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 RN delegations present for CG#2 and CG#3 for Client #1.

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)- Client #2's Service Plan dated 9/3/24 without the POA's signature.

aubel Ylakamine, Lance Manager

Primary Care Giver

Date