

Foster Family Home - Deficiency Report

Provider ID: 1-200042

Home Name: Shaina Lei Agcaoili, NA

Review ID: 1-200042-13

94-943 Lumihoahu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/19/2025

Foster Family Home	Required Certificate	[11-800-6]
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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 emailed to PCG with plan of correction due to CTA within 30 days of issuance (issued on 6/23/25).

6.d.1- Client #1 without a current 1147 present in chart/records.

Foster Family Home	Background Checks	[11-800-8]
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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) - No sex offender search result present for CG#3. CG#3's APS/CAN & Ecrim lapsed on 9/12/24 and no current results were present.

Foster Family Home	Information Confidentiality	[11-800-16]
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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#2.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(1) Reside in the community care foster family home;

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.

Comment:

41.(a)(1)- CG#1(PCG) was unable to provide proof of CCFFH residency during CCFFH inspection/survey.

41.(b)(7)- CG#1's TB clearance lapsed on 6/17/25 and CG#3's lapsed on 5/22/24. No current results were present for both CG#1 and CG#3.

41.(b)(8)- CG#1's CPR and Basic First Aid lapsed on 5/30/25 and no current certificate present.

Foster Family Home - Deficiency Report

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.

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

Comment:

46.(a)- CCFFH's last monthly fire drill was on 2/9/25. No monthly fire drills conducted for the month of March 2025, April 2025, and May 2025.

46.(b)(2)- CG#3 without evidence of having conducted a monthly fire drill for the CCFFH.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(c)- No list of medications side effects present for Client #1.

47.(d), (d)(1)- No MD order present for Client #1's use of bedrails.

47.(e)- CG#1 and CG#3 were without the specialized training for Client #1's pureed diet.

Foster Family Home

Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

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

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;

54.(c)(8) Personal inventory.

Comment:

54.(a)(1)- CCFFH without an evacuation map.

54.(c)(2)- Client #1's Service Plan lapsed on 2/16/25 and no signature of POA/Client for the service plan dated 8/16/24.

54.(c)(5)- one daily scheduled medication was not available during medication check/review for Client #1.

54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet were missing for the months of January 2025, February 2025, March 2025, April 2025, and May 2025.

54.(c)(8)- No Personal Inventory List was initiated/maintained for Client #1.

Maribel Nakamine, RN 6/23/25

Compliance Manager

Date

6/23/25

Primary Care Giver

Date