

# Foster Family Home - Corrective Action Report

Provider ID: 1-160094

Home Name: Love Grace Galicinao, CNA

Review ID: 1-160094-3

1854 Kamehameha IV Road

Reviewer: Angel England

Honolulu HI 96819

Begin Date: 6/27/2018

End Date:

8/12/18

## Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Home visit made to increase home bed size from 2 to 3. Corrective Action Report issued during home visit with a written corrective action plan due to CTA by 7/15/18.

## Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

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.6 There is a blocked doorway at the top of the stairs leading to a second floor unit. CTA checked C&C tax map key during visit. The home is listed as a single family dwelling. No permit is seen on DPP's website for a permit to make the home two legally separate homes. CTA is requesting the CCFFH contact the landlord to inquire about proper permitting for two separate homes.

41.g No basic skills checks present for SCG #1 and #2 for Client #1

## Foster Family Home Medication and Nutrition [17-1454-46]

46.(a) A licensed practical nurse or a registered nurse shall administer medications that are to be injected, unless physician orders permit a client to self-inject. The registered nurse may delegate the administration of medication as provided in chapter 16-89, subchapter 15, HAR.

Comment:

46.a No RN Delegation present for client #1 for SCG #1 and #2. No RN Delegation or training present for a treatment that is ordered for Client #1.

## Foster Family Home Physical Environment [17-1454-48]

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

Comment:

48.c.3 There were dead insects noted in hallway light.

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[17-1454-52]

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

52.(c)(3) Current copies of the client's physician's orders;

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

Comment:

52.c.2 No service plan present for client #1

52.c.3 and 52.c.5 Client #1 has a medication listed on the Medication Administration Record that has no dosage listed.

~~Request~~ Withdraw increase to 3 application.  
Request & decrease to 1 year, will reapply  
during next recertification.

Amel Englow RN  
Compliance Manager

[Signature]  
Primary Care Giver

6/27/18  
Date

6/27/18  
Date

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: LOVE GRACE A. GALICINAO

CCFFH Address: 1854 KAMEHAMEHA IV RD HONOLULU HAWAII 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.6	Home notified landlord & Landlady. Action was taken and still on process.	6/28/18	In the future, Home will always check with the Landlord about the legality of the House Rules.
41.g	Basic checklist for client #1 for SCG #1 & SCG #2 was checked by client #1 RN CM.	7/6/18	Home will use notification calendar to make sure that I will not forget to notified client CMA and SCG's.
46.a	RN Delegation for client #1 for SCG #1 and SCG #2 was done by client #1 RN CM and present training treatment for client #1 was added to client #1 chart.	7/6/18	For future Delegation, will make sure to remind client CMA & SCG that RN Delegation needs to be performed before giving care.
48.c.3	Hallway light was cleaned up by taking out the defuser cover and clean it with soap and water, dried & put it back.	6/28/18	Home will make sure to maintained a clean home environment by cleaning all sides or corner of the house weekly to prevent insects accumulation.

Primary Caregiver's Signature: \_\_\_\_\_



Print Name: LOVE GRACE GALICINAO

Date of Signature: \_\_\_\_\_

7/14/18

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: LOVE GRACE A. GALICINAO

CCFFH Address: 1854 KAMEHAMEHA IV RD HONOLULU HAWAII 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
52.02	RN CM came and visited client #1 and do the service plan signed by her Daughter and bring to Doctor office to be signed off by client #1 Doctor.	7/6/18	In the future, home will notify or remind CMA that service plan should be given prior to clients admission.
5.2.C.3 + 5.2.C.5	Medication with no dosage listed was corrected by client #1 RN CM + PCG on Medication Administration Record.	7/6/18	Home will check all medication orders, label of the bottles and MAR to ensure it all match.

Primary Caregiver's Signature: 

Print Name: LOVE GRACE GALICINAO

Date of Signature: 7/14/18