

# Foster Family Home - Corrective Action Report

Provider ID: 1-170046

Home Name: Brigeth Gamiao, CNA

Review ID: 1-170046-5

94-1288 Kahuanui Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 6/23/2021

## Foster Family Home Required Certificate [11-800-6]

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

Comment:

Unannounced annual inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/23/2021.

## 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 for [REDACTED], [REDACTED] for CG#2, CG#3, CG#4, and CG#5 in Client #1's chart.

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

49.(d) When there are intended changes to the home, the department shall be notified prior to the changes occurring.

49.(d)(1) The certificate holder shall ensure that the minimum physical environment requirements as specified in this section are met; and

49.(d)(2) A new home assessment is required when changes occur to the structure or address of the home.

Comment:

49.(d), (d)(1), (d)(2)- CCFFH was noted to be in process of renovating home; CTA and or clients' CMA were not notified [REDACTED] prior to starting with renovation.

## 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 #1's Service Plan expired on 5/30/2021 and no Client/POA's signature for Service Plan dated 11/30/2020.

*Maribel Nakamine, RN*

Compliance Manager

*[Signature]*

Primary Care Giver

*6/23/2021*

Date

*6/23/2021*

Date

CTA RN Compliance Manager: MARIBEL NAKAMINE

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: BRIGETH GAMIAO

*(PLEASE PRINT)*

CCFFH Address: 94-1288 Kahuanui St., Waipahu, Hawaii

*(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?
43.c.3	CG #1 contacted Client #1's CMA RN to provide the [redacted] administration, proper use of [redacted] delegation to CG #2, CG#3, CG#4, and CG#5. Signed delegation forms were filed in client's chart.	7/10/21	CG #1 will timely notify the CMA RN to provide delegations within 7 days of adding new caregiver to CCFFH.
49.d, d.1, d.2	Lapse can not be corrected. CTA RN compliance manager was made aware during the visit.	6/23/21	CCFFH will notify CTA or Client's CMA in writing 30 days prior to starting with renovation.
54.c.2	PCG contacted client #1's CMA RN to update service plan and have client #1's POA review and sign.	7/14/21	CCFFH will notify/remind the CMA RN to update the service plan before it expires.

All items that were fixed are attached to this CAP

PCG's Signature: *Brigeth Gamiao*

Date: 7/19/2021

CTA has reviewed all corrected items