

Foster Family Home - Corrective Action Report

Provider ID: 1-090105

Home Name: Florence Gaygay, CNA

Review ID: 1-090105-9

1139 Ukana Street

Reviewer: Julie Hastings

Honolulu

HI 96818

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:

6.(d)(1)-Annual inspection conducted for this 3 bed home.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 6/23/2021.

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)

There is no Delegation for Client #2 for CG#2, CG#3,, or CG#4

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire

No April 2020 Fire Drill. PCG located all other months documents.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) No liability for CG#5

Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

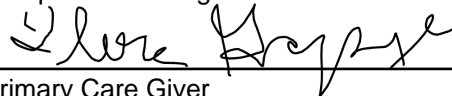
Comment:

53.(b)(15)

There are locks on client #1, Client 2 or Client #3 or Client Bathroom doors.



Compliance Manager



Primary Care Giver

6/23/2021

Date

6/23/2021

Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 11-800

CCFFH Name: FLORENCE GAYGAY
 CCFFH Address: 1139 Ukana Street, Honolulu HI 96818

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43.c.3	RN Delegation was done for CG#2, CG#3, and CG#4 by the client's CMA. It was placed into the client record.	6/23/21	Home will notify client's CMA that RN delegation needs to be done on the day the caregiver being added to the home.
3P.b.1	Found April 2020 Fire Drill.	6/24/21	Found it in my binder with the rest.
51.a.1	Liability was made for CG#5.	6/29/21	Liabilities will be created for all caregivers.
53.b.15	Locks were changed for all clients' doors.	6/23/21	Routinely checkups on door knobs to see if it's broken.

Primary Caregiver's Signature: *Florence Gaygay*
 Print Name: Florence Gaygay Date of Signature: 6/29/21