

Foster Family Home - Deficiency Report

Provider ID: 1-200045

Home Name: Jo-Ann Ganitano-Ulep, CNA

Review ID: 1-200045-3

91-1289B Kilipue Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 9/2/2021

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

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.
Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

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) client # 1: no [redacted] delegations done with [redacted] ordered
client # 2 service plan for [redacted] and [redacted] which client does not currently have

Foster Family Home Records [11-800-54]


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

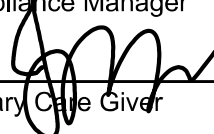
54.(c)(7) Expenditure records; and

54.(c)(8) Personal inventory.

Comment:

54.(c)(8) Client # 1 and 2 Personal inventory sheet is blank
54.(c)(7) No proof of Expenditure records for client # 1 or 2
54.(c)(3) Client 1 and 2 MD order has for [redacted] but client has [redacted] without [redacted]
Client # 1: CG is providing [redacted] without MD order



Compliance Manager


Primary Care Giver

9/2/21

Date
9/2/21

Date

CTA RN Compliance Manager: Jackie Chamberlain, RN

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

PCG's Name on CCFFH Certificate: Jo-Ann Ganitano-Ulep


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CCFFH Address: 91-1289B Kilipue St. Ewa Beach, HI. 96706

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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)	Client #1 [redacted] delegations done with [redacted] [redacted] ordered with Case Management RN was delegated.	09/09/2021	CG will obtain delegation immediately once client has any changes to medications or plan of care, signed off with Case Management RN.
	Client #2 Service plan for [redacted] and [redacted] updated and discontinued by MD.	09/20/2021	CG will obtain updated service plan, read carefully and placed in chart binder. CG will use a sticky note reminder.
54.(c) (3)	CG got an updated physician orders that is placed in chart binder for clients. And PCP given orders for [redacted] [redacted] for client #1.	09/10/2021	CG will obtain the current copies of physician orders in clients chart binder. CG will read careful on [redacted] [redacted] instructions. CG will have MD orders for [redacted] [redacted]. CG will use a sticky note reminder.
54.(c) (7)	CG started an expenditure record for client #1 and client#2	09/03/2021	CG will check and record the expenditure records for client #1 and client #2 every month, charted and placed in chart binders.
54.(c) (8)	CG went through and charted clients belongings with client #1 and client #2 signed and placed in chart binders.	09/03/2021	CG will use a calendar reminder. CG will immediately do the personal inventory for client #1 and client #2 once admitted and monthly to my CCFFH then placed in chart binders. CG will use a checklist.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 9/24/2021

CTA has reviewed all corrected items