

Foster Family Home - Deficiency Report

Provider ID: 1-190092

Home Name: Nemalyn A. Lagua, NA

Review ID: 1-190092-5

1611 Hoolehua Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 8/24/2021

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

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

Comment:

6.d.1 Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 9/24/2021.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)- Ecrim expired on 7/1/2021 for CG#2.

Foster Family Home Information Confidentiality [11-800-16]

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)- HHM#3 without a confidentiality policies and procedures and client privacy rights training present.

Foster Family Home Personnel and Staffing [11-800-41]

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(c)- CG#2 with only 4 hours of annual in service.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2 and G#3 without evidenced of having had the CCFFH's Emergency Preparedness Plan training.

Foster Family Home - Deficiency Report

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;

54.(c)(8) Personal inventory.

Comment:

54.(c)(2)- Client #1's Service Plan expired on 3/14/2021.

54.(c)(8)- No Personal Inventory list present for Client #1.

Michael Nakarone, M 8/24/2021
Compliance Manager Date
Hermelyn A. Lopez 8/24/2021
Primary Care Giver Date

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Nemalyn Laava
(PLEASE PRINT)

CCFFH Address: 161 Hoolehua St, Pearl City, Hawaii 96782
(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?
8.(a)(i)	CG#2 obtained a current Ecrim.	8/20/21	The home will utilize the I-phone calendar to schedule and prevent any requirements from expiring in the future.
16.(b)(5)	HHM#3 was provided a confidentiality policies and procedures and client privacy rights training by CG#1 and filed in home binder.	8/24/21	CG#1 will do the confidentiality policies - procedures and client privacy rights training within 10 days of adding a household member.
41.(c)	CG#2 obtained additional 4 hours of annual in services and filed in the caregiver's file in the home binder	8/28/21	The home will utilize the Iphone calendar to help maintain caregiver documentations in the caregiver's file in the home binder.

All items that were fixed are attached to this CAP

PCG's Signature: *Nemalyn Laava*

Date: 9-9-21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Nemalyn Laava
(PLEASE PRINT)

CCFFH Address: 1611 Hookehva St. Pearl City, Hawaii 96782
(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?
50.(a)	CG#2 & CG#3 Signed the emergency preparedness Plan as evidenced that training was received.	8/24/21	The home will do the emergency preparedness Plan training within 10 days of adding a new caregiver.
54.(c)(2)	The home received a new service Plan and filed in client #1's folder/chart.	8/24/21	The home shall communicate with the client's agency for up to date documentation of client's care.
54.(c)(8)	The home completed an inventory of client #1's Personal belongings.	8/24/21	The home will do a personal Inventory of client's belonging on the day of new client's admission.

All items that were fixed are attached to this CAP

PCG's Signature: N Laava

Date: 9-9-21

CTA has reviewed all corrected items