

# Foster Family Home - Deficiency Report

Provider ID: 1-596489

Home Name: Ann Margareth C. Untalan,  
CNA

1525 A Adelaide Street

Honolulu

HI

96819

Review ID: 1-596489-9

Reviewer: Julie Hastings

Begin Date: 9/16/2021

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

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

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification  
Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 10/16/2021.

## 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)  
CG#4 no fingerprints in binder

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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(e)  
CG#4 needs updated approval form in binder


41.(f)(1) HHM#3 and HHM#4 do not have TB clearance forms

## 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 delegation for CG#3, CG#4

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

9/16/2021  
\_\_\_\_\_  
Date

9/16/2021  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Julie Hastings

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

PCG's Name on CCFFH Certificate: Ann MARGARETH O. UNTALALAN  
(PLEASE PRINT)

CCFFH Address: 1525 A Adelaide Street Honolulu, Hawaii 96819  
(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.1	Fingerprint was acquired on 9/20/2021	10/11/2021	Home will use a wall calendar to put all due dates on. Fingerprint will be done at least 3 weeks before due date to prevent future lapses.
41.e	Updated approval form now available in binder	9/20/2021	Home will be checking all updated approval forms
41.f.1	TB clearance was acquired for both minor children [REDACTED] [REDACTED]	9/21/2021 9/28/21	Home will use a wall calendar to prevent future lapses. TB clearance will be done 2 weeks before due date.
43.C.3	Delegation for CG #3 and CG #9 was approved and now available in Binder	9/30/2021	Home will notify client's CMA that RN delegation needs to be done within 3 days of a caregiver being added to the Home

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 10/12/2021

CTA has reviewed all corrected items