

Foster Family Home - Deficiency Report

Provider ID: 2-510760

Home Name: Mercedita Tiangsing, CNA

Review ID: 2-510760-11

15-1385 29 Poni Moi Street

Reviewer: Terri Van Houten

Keaau

HI

96749

Begin Date: 10/5/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 11/4/2021.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) - Lapse in fingerprints/eCrim report
CG#1, CG#2, and CG#3 - Unable to locate fingerprint results
CG#3 - lapse in eCrim. Renewal due by 4/15/21 and was completed on 6/14/21

8.(a)(2) - Lapse in APS/CAN results
CG#1 - no eCrim report present in binder
CG#2 and CG#3 expired 8/28/21.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(5) - CG#1 and CG#4 did not have a current driver's license or state issued ID. CG#4 did not have an alternate transportation plan.

Foster Family Home	Client Care and Services	[11-800-43]
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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) - Unable to locate RN delegations for Client #2

Foster Family Home - Deficiency Report

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 - CG present at time of survey was unable to locate fire drills completed in the last 12 months.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - CCFFH did not have evidence of current Liability Insurance. Expired 1/1/2021

Foster Family Home


Records

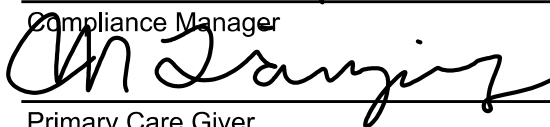
[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

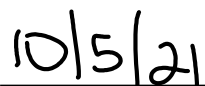
Comment:

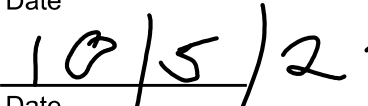
54.(c)(2) - Client #3 did not have evidence that the service plan has been reviewed every 6 months. (Missing service plan from 2/2021)



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager:

Terri Van Houten RN

Community Care Foster Family Home (CCFFH)

Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate:

MERCEDITA P. TIANGSING

(PLEASE PRINT)

CCFFH Address:

15-1385 19th Ponoi Moi Ave Keaau HI 96749

(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	Lapse can not be corrected	10/6/21	I will use a wall calendar to put all the due dates APS, eCrime, on fingerprint, will be done at least 4 weeks before due date to prevent future lapses.
	CG#1, CG#2, CG#3 able to locate fingerprint results it was place into home record.	10/6/21	Share to my CG#2, CG#3, CG#4 where all the documents are located.
8.a.2	CG#1 has e crime report it was place into home record.	10/6/21	
	CG#1 CG#2 CG#3 APS/CAN was generated on 10-15-21		
41.b.5	place into home record		
	I make copy current drivers license CG#1, CG#4 place into home record.	10/7/21	I will make a list all the documents and review monthly what is missing into home record.
	generated alternative transportation plan CG#4.		
43.c.3	RN Delegation was done for client #2 by the C.M.A	10/7/21	I will make a list all the documents and review monthly what is missing into home record.
	was place into client record. was done since we admitted client.		



All items that were fixed are attached to this CAP.

PCG's Signature:

Mercedita P. TiangsingDate: 10/22/21

CTA has reviewed all corrected items

CTA RN Compliance Manager:

Terri Van Houten RN

Community Care Foster Family Home (CCFFH)

Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate: MERCEDITA P. TIANGSING

(PLEASE PRINT)

CCFFH Address: 15-1385 29th Poni Moi Ave Keanu HI 96749

(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?
3P.b.1	Fire drill was conducted monthly. It was place one of the home binder, inside the filing cabinet.	10/8/21	Share to CG #2, CG #3, CG #4 where all the documents are located.
51.a.1	request a copy, current liability Insurance. Place into home binder.	10/11/21	I will make a list all document, review monthly what is missing into home binder.
54.c.2	Service plan done client #3 by CMA on 2/9/21. Place into client binder	10/11/21	Notify CMA to give copy of service plan for client #3, I will review monthly what is missing into client binder.



All items that were fixed are attached to this CAP

PCG's Signature:

Meredita P. Tiangsing

Date:

10/22/21

CTA has reviewed all corrected items