

# Foster Family Home - Deficiency Report

Provider ID: 1-210039

Home Name: Digna Galera, CNA

Review ID: 1-210039-3

98-874 Kaamilo Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 2/1/2022

## 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 3/1/2022.

## 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;

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),(2)- CG#3 without two consecutive APS/CAN/Fingerprinting results in the CCFFH binder.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(b)(4)- CG#1's Primary Caregiver Disclosure was not updated to reflect the current household members.

## 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 CG#3 without evidence of having had the CCFFH Emergency Preparedness Plan training.

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

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- No automobile policy present in the CCFFH binder.

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## Foster Family Home

## Fiscal Requirements

[11-800-52]

- 52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.
- 52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.
- 52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a),(b),(c)- No Budget completed for the year 2021. CG#1 was unable to provide other proofs of financial resources.

## 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)- No Alternate Transportation Plan completed/present in the CCFFH binder.

54.(c)(8)- No Personal Inventory Checklist Form completed for Client #1.

Martel Nakamine, RN 2/1/22

Compliance Manager

Date

Alvora Silva

Primary Care Giver

Date

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Digna Galera  
(PLEASE PRINT)

CCFFH Address: 98-874 Kaamilo Street, Aiea Hawaii 96701  
(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), (2)	Obtained 2022 fingerprint for CG#3 to have two consecutive APS/CAN/Fingerprinting and filed in the CCFFH binder.	2-18-22	Home will use calendar to list down due dates for each forms. CG#1 will check the binder in weekly basis, mid of the week, every Wednesday, and inform other CGs of the due dates to prevent missing in the future.
41.(b) (4)	Updated current household members disclosure form in CCFFH binder during CTA home visit, attached and filed in CCFFH binder.	2-1-22	Home and CG#1 will do a binder check weekly, every Wednesday, to check if all documents are current and updated to comply with all the requirements.
50. (a)	Updated the form with the new form provided by CTA during inspection, signed by CG#2, and CG#3 and filed in CCFFH binder with the Emergency preparedness plan training documents.	2-2-22	Home and CG#1 will do a binder and form check weekly, every Wednesday, to check if all documents are current, signed by all CGs, and are correct forms are attached in the CCFFH binder and inform all CGs to sign forms if needed to comply with all requirements.

All items that were fixed are attached to this CAP

PCG's Signature: Digna Galera

Date: 2-18-2022

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Digna Galera  
(PLEASE PRINT)

CCFFH Address: 98-874 Kaamilo Street, Aiea Hawaii 96701  
(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?
51.(a) (2)	Obtained, printed, and filed current automobile policy in the CCFFH binder.	2-1-22	Home and CG#1 will do a binder check weekly, every Wednesday, to check if all documents are current and updated, and make sure no missing files in CCFFH binder in order to comply with all the requirements in the future.
52.(a), (b),(c)	Obtained current bank statement as proof of financial resources and 2021 monthly budget printout was filed in the CCFFH binder.	2-2-22	Home and CG#1 will do a binder check weekly, every Wednesday, to check if all documents are current and updated to comply with all the requirements. Monthly budget and bank statement printout will be updated every 1st week of the month to ensure that all files are up to date.
54.(c) (2)	Printed, signed, and filed Alternate Transportation plan in the CCFFH binder.	2-2-22	Home and CG#1 will do a binder check weekly, every Wednesday, to check if all documents are current and updated, and make sure no missing files in CCFFH binder in order to comply with all the requirements in the future.

All items that were fixed are attached to this CAP

PCG's Signature: *dgalera*

Date: 2-18-2022

CTA has reviewed all corrected items

CTA RN Compliance Manager: Mariber Nakamine

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

PCG's Name on CCFFH Certificate: Digna Galera

(PLEASE PRINT)

CCFFH Address: 98-874 Kaamilo Street, Aiea Hawaii 96701

(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?
54.(c) (8)	Personal inventory checklist form was printed, signed by client's family member and attached on Client #1 binder.	2-2-22	Home and CG#1 will do a Client's binder check weekly, every Wednesday, to check if all documents are up to date and no missing files for each clients to comply with all the requirements.

All items that were fixed are attached to this CAP

PCG's Signature: Digna Galera

Date: 2-18-2022

CTA has reviewed all corrected items