

Foster Family Home - Deficiency Report

Provider ID: 1-510455

Home Name: Erma Tagaca, CNA

Review ID: 1-510455-12

1825 Ashford Street

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 11/5/2021

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
Deficiency Report issued during home inspection with all approved written corrections due to CTA within 30 days.

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)
No privacy/confidentiality training for CG#2, CG#4, CG#6 or HHM#1

Foster Family Home - Deficiency Report

Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
- 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).
- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 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.(a)(3)
CG#6 has no work experience in the binder

41.(b)(4)
CG#6 does not have a disclosure form

41.(b)(7)
CG#2 has no 2020 TB

41.(b)(8)
CG#2 CPR/First Aid Expired 7/26/21

41.(c)
CG#1 and CG#2 only have 6.5 hours training in 2020.

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)
Last Service Plan for Client #2 dated 9/27/2020
No delegation for CG#6 for Client #2



Compliance Manager



Primary Care Giver

12/2/2021

Date

1/2/22

Date

CTA RN Compliance Manager: Julie Hastings RN

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

PCG's Name on CCFFH Certificate: Erma Tagaca
(PLEASE PRINT)

CCFFH Address: 1825 Ashford St. 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?
11-800 14.(b) (5)	CG #2, CG #4, CG #6 + HHM #1 was trained + discussed by PCG. Completed + signed has been put into home binder	12/15/21	CCFFH will ensure that all caregivers + HHM trained + sign after for confidentiality policies + procedures + client privacy rights.
11-800 41.(a) (3)	CG #6's Job Experience Obtained + filed in CCFFH binder	12/20/21	CCFFH will keep track of expiring requirements using a calendar posted in the kitchen as a reminder.
41.(b) (4)	CG #6's Disclosure Form Obtained in filed in CCFFH binder	12/20/21	I will ensure that requirement will be renewed prior to expiration date.

All items that were fixed are attached to this CAP

PCG's Signature: Erma Tagaca

Date: 1/2/22

CTA has reviewed all corrected items

CTA RN Compliance Manager: Julie Hastings, RN

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

PCG's Name on CCFFH Certificate: Erma Tagawa
(PLEASE PRINT)

CCFFH Address: 1825 Ashford St. 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?
11-800 41.(b) (7)	lapse cannot be corrected	12/15/20	CG HK will utilize a telephone to schedule due dates alerts 2 mos. in advance to prevent future lapses.
41.(b) (8)	CG #2 CPR/First Aid was renewed + expired July 2023 and its in my binder	12/15/21	CCFFH will keep track of expiring requirements using a calendar posted in the kitchen as a reminder. I will ensure that requirements will be renewed prior to expiration date.
41.(c)	lapse cannot be corrected	12/15/21	

All items that were fixed are attached to this CAP

PCG's Signature: Er Tagawa

Date: 1/2/22

CTA has reviewed all corrected items

CTA RN Compliance Manager: Julie Hastings, RN

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

PCG's Name on CCFFH Certificate: Erma Tagaca
(PLEASE PRINT)

CCFFH Address: 1825 Ashford St. 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?
43.(c) (3)	Service plan client #2 date [redacted] obtained in filed in client binder CG #16 client #2 delegation was delegated on 9/2/21 by case manager, filed in client binder	12/16/21	CCFFH will keep track of expiring requirements using a calendar posted in the kitchen as a reminder. I will ensure that requirements will be renewed prior to expiration date.

All items that were fixed are attached to this CAP

PCG's Signature: Erma Tagaca

Date: 1/2/22

CTA has reviewed all corrected items