

# Foster Family Home - Deficiency Report

Provider ID: 1-569494

Home Name: Fanny Tan, CNA

Review ID: 1-569494-10

1956 Kealakai Street

Reviewer: Julie Hastings

Honolulu

HI 96817

Begin Date: 10/21/2021

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

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

Comment:

6.(d)(1)-Annual inspection conducted for this 3 bed home.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 11/23/2021.

## 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)  
No delegation for Client #1 for CG#2, CG#3, CG#4, CG#5, CG#6, CG#7

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire  
No Fire drill for CG#3, CG#4, CG #7 in 2020

## Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

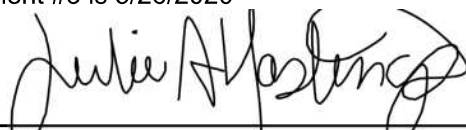
53.(b)(15)  
No Door on Client#1, Client#2 shared room, no lock on client bathroom.

## 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:

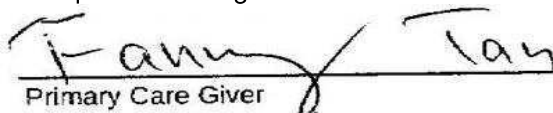
54.(c)(2)  
Last Service Plan for Client #2 is 12/1/2020  
Last Service Plan for Client #3 is 5/26/2020



Compliance Manager

10/21/21

Date



Primary Care Giver

10/21/21

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: FANNY TAN

(PLEASE PRINT)

CCFFH Address: 1956 KEALAKAI STREET, HONOLULU, HI 96817

(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)	CG informed RN CMA for client #1 of missing Delegations and completed for authorized caregivers as evidence of attached.	10/10/27 /21	CG shall ensure on the day of admissions for new client's, RN Case Manager shall complete the client's skills & delegations as part of the FH admissions process.
(3P)(b) (6)FIRE	CG has provided training to CG#3, #4 & #7 the process of conducting the monthly Fire Drills including various times & hour of the day and document.	11/01/21	CG has updated to the CCFFH Calendar and assigned CG's to a specific month to complete the monthly Fire Drills.
53.(b) (15)	CG has daily visiting hours for the family members and ensure that the curtain is drawn for privacy as outlined in the HAR.	10/27/21	CG upon entrance to the facility, visitors sign in & COVID protocols are in place, which includes temperature checks & masks are to used for the safety of the client's and staff of the facility.
53.(b) (15)	CG has installed a working lock to the bathroom shared w/client #1 & #2, both client's have a difficult time locking/opening the door.	10/27/21	CG provided reminders to client #1 & #2 to inform caregivers when they need to use the bathroom for their safety due to client's risk for falls.
54.(c)(2)	CG notified CMA & received client #2 & #3 Service Plan	10/28/21	CG shall ensure during annual or reassessment for the client that the Service Plan is received with-in 24hr.

 All items that were fixed are attached to this CAPPCG's Signature: Fanny TanDate: 12/28/21 CTA has reviewed all corrected items