

# Foster Family Home - Deficiency Report

Provider ID: 1-616279

Home Name: Ligaya Bercasio, RN

Review ID: 1-616279-7

94-500 Alapine Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 1/19/2022

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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

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

41.(j)(3) Authorize all substitute caregivers to permit entrance by case management agency and department staff, with or without prior notice, for the purpose of client monitoring, investigation, and quality assurance review.

Comment:

41.(j)(3) CTA was not let in until CG 1 arrived 15 minutes after CTA arrival. CG 3 states she was home but watering plants

## 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 RN delegation present for Client # 1 and for client # 2 for a new [REDACTED] [REDACTED]

## 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)(3) Current copies of the client's physician's orders;


Comment:

54.(c)(2) Service plan for clients #1 and # 3 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(3) Client # 1 there is no signed MD orders

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date