

Foster Family Home - Deficiency Report

Provider ID: 1-160094

Home Name: Love Grace Galicinao, CNA

Review ID: 1-160094-10

2776 B Kalihi Street

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 12/3/2021

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

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

Comment:

6.(d)(1) - Unannounced annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 30 days.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7)
CG#3 does not have a 2021 TB

41.(f)(1)
HHM#2 and HHM#3 do not have 2021 TB

Foster Family Home Records [11-800-54]


54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)
No December MAR for Client #1, #2 or #3



Compliance Manager



Primary Care Giver

12/03/2021

Date

12/03/2021

Date

CTA RN Compliance Manager: JULIE HASHTINGS

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

PCG's Name on CCFFH Certificate: LOVE GRACE GALICINDO
(PLEASE PRINT)

CCFFH Address: 2776 B KALIHI 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?
41.b.7	CG #3 2021 TB Clearance was obtained and placed to Home Record.	12/04/21	Home will use notification calendar 8 weeks before it due to make sure I will not forget to informed CG and to give him time to get it done before it due.
41.f.1	TB Clearance Screening form for HIM #2 & HIM #3 done on [redacted] & [redacted] & put in Home Binder	12/11/21 & 12/30/21	Home will used iPhone Alert 16 weeks before it due to Allow time to get done before it expired.
54.C.5	MAR should Always be done, After medication was Administered. client #1, #2, #3's MAR was sign & placed to client's Record.	12/3/21	I will make sure After giving medicine I have to signed right Away.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 1/2/22

CTA has reviewed all corrected items