

Foster Family Home - Deficiency Report

Provider ID: 1-210047

Home Name: Gianelli Gail Cagaoan, CNA

Review ID: 1-210047-3

94-568 Palai Street

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 3/9/2022

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 corrections due to CTA on 4/9/2022.

PCG requests to increase from a 2 client to a 3 client CCFFH.

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)- No consecutive 1st and 2nd year of APS/CAN/Fingerprint results present for CG#6 and no current/within 6 months of APS/CAN/Fingerprint result as CG#1 applied to increase from a 2 client to a 3 client CCFFH.

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

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.(b)(8)- No CPR certification present for CG#6.

41.(c)- No Basic Skills Checks completed for CG#4 and CG#6 in Client #1's chart.

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 delegations on [REDACTED] Medications Administration for CG#4 and CG#6.

Foster Family Home - Deficiency Report

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications side effects present in Client #1's chart.

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#4 and CG#6 were without evidence of having had the CCFFH's Emergency Preparedness Plan training.

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

Comment:

54.(b)- No signatures present after each dated entries from 8/3/21- 2/27/22 in Client #1's progress/observation notes/documentations.

Maribel Nakamine, RN 3/9/22
Compliance Manager Date
Grady Salicrude 3.9.22
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: Gianelli Gail Cagaoan

(PLEASE PRINT)

CCFFH Address: 94-568 Palai St. Waipahu Hi, 96797

(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)	CG#6 already presented 1st and 2nd yr of APS/CAN Fingerprint result. CG#1 scheduled and obtained APS/CAN result and was filed in CCFFH binder.	03/11/22	CG#1 will make sure all documents will be updated to current. CG#1 will have a calendar posted on wall to keep track of all documents that needs to be updated every 6 months or annual.
41.(b)(8)	CG#6 already presented CPR Certification. CG#1 filed the certification in CCFFH binder.	03/11/22	CG#1 will make sure all certificates of █ CG's are complete. CG#1 will make have a calendar to keep track of all documents that needs to be upodated to current.
41(c)	Basic skill checks completed for CG#4 and CG#6 for client#1.	03/10/22	CG#1 will make sure all █ CG will undergo training to clients needs and services within 5 days of being added to the home.

☒ All items that were fixed are attached to this CAP

PCG's Signature: *Gianelli Gail Cagaoan*

Date: 04/05/2022

☒ 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: Gianelli Gail Cagaoan

(PLEASE PRINT)

CCFFH Address: 94-568 Palai St. Waipahu Hi, 96797

(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 undergo and obtained RN delagations	03/10/22	CG#1 will make sure all ■ CG will undergo training to clients needs and services.
47.(c)	CG#1 provided list of side effects in Client #1 chart. CG#1 filed it in client#1 binder.	03/10/22	CG#1 will make sure to attached copy of Client's list of medications side effects.

☒ All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 04/05/2022

☒ 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: Gianelli Gail Cagaoan

(PLEASE PRINT)

CCFFH Address: 94-568 Palai ST. Waipahu Hi, 96797

(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?
50(a)	CG#4 and CG#6 undergo and obtained Emergency Preparedness Plan Training	03/10/22	CG#1 will make sure all CG's will be involve in Emergency Preparedness Plan Training
54(b)	CG#1 already signed every after Progress notes and Documentations	03/10/22	CG#1 will make sure to sign every documentation.

☒ All items that were fixed are attached to this CAP

PCG's Signature: *Gianelli Gail Cagaoan*

Date: 04/05/2022

☒ CTA has reviewed all corrected items