

# Foster Family Home - Deficiency Report

Provider ID: 1-200019

Home Name: Precy Gelacio, NA

Review ID: 1-200019-6

91-812 Hanakahi Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 4/18/2022

## 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 2 bed annual inspection.

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

## 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 [REDACTED] for [REDACTED] [REDACTED] which is ordered by MD

## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) No documentation of fire drills since 2021

## Foster Family Home Physical Environment [11-800-49]

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(3) There is no common living area for socialization. The room adjacent to the 2 client rooms has combined kitchenette, table which is not wheelchair accessible and a TV without a sitting area

49.(b)(3) CG bedroom is in an separate non wheelchair accessible section of the CCFFH. There is [REDACTED] [REDACTED] [REDACTED] in the client common area without consent for client 1 or 2 for [REDACTED] [REDACTED]

49.(c)(3) A hospital bed is being stored outside of the CCFFH along the side of the house exposed to elements

# Foster Family Home - Deficiency Report

Foster Family Home

Quality Assurance

[11-800-50]

50.(e)

The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

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) Service plan for client [REDACTED] does not include the [REDACTED] of [REDACTED] [REDACTED] which is ordered [REDACTED] [REDACTED] per [REDACTED]

  
Compliance Manager  
  
Primary Care Giver

4/18/22  
Date  
4/18/22  
Date

**CTA RN Compliance Manager:** Send to Terri Van Houten- RN / Jackie Chamberlain- RN

**Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Precy Gelacio

(PLEASE PRINT)

CCFFH Address: 91-812 Hanakahi St. Ewa Beach Hawaii 96706

(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)	RN delegation was updated for client ■ CMA and placed on client binder.	4/21/22	Home will use new hire checklist to notify client's CMA for delegation whenever there are changes ordered by MD.
46.(a)	Lapse cannot be corrected. 2021 Fire drills documented and placed on CG binder.	4/20/22	CCFFH understand the importance of fire drill. Home will use calendar to avoid future lapses.
49.a(3)	Home re-arranged the common living area with sittings and accessible wheelchair for client and family socialization.	4/23/22	Home will use admission checklist requirements to make sure provide recreational needs for socialization.
49.b(3)	CG requested ■■■■■ device consent for client ■■■■■ and ■■■■■ signed by POA with CMA approved.	4/29/22	Home will use admission checklist to ensure caregivers will always be in close for client's safety.
49.c(3)	Home hospital bed stored in the safe area without exposure.	4/23/22	Home will use admission checklist to obtain clear area for safety all the times.
50.(e)	CCFFH installed doorbell at the gate area for quick access communication.	4/23/22	Home will use new hire checklist for staffing easy access communication.
54.c(2)	CMA has updated corrected Service Plan for client ■■■■■	4/21/22	Home will use phone set reminder on my phone to notify client's CMA MD orders.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 5/11/22

☐ CTA has reviewed all corrected items