

Foster Family Home - Deficiency Report

Provider ID: 1-100090

Home Name: Aleli Daligdig, RN

Review ID: 1-100090-11

94-605 Palai Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 6/9/2022

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced inspection made for a 2-bed recertification. Corrective action report issued during inspection with corrective action plan due to CTA on 7/9/2022. (30 days from the date the CCFFH is given their deficiency report).

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.b.5 CG#1, 2, 3, 4, 5 and HHM#1, 2, 3 are missing confidentiality training and signatures.

Foster Family Home - Deficiency Report

Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(a)(2) Be a NA, an LPN, or RN;

- 41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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

- 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.

- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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

- 41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.a.2 CG #1, 2, 4 have expired license. CG#1 expired on 6/30/2021, CG#2 expired on 1/3/2018, CG#4 expired 9/30/2019.

41.b.5. CG#1 and 2 have expired driver license present. CG#1 expired 8/26/2020, CG#2 expired 7/23/2012.

41.b.7. CG#2 TB expired 3/9/2020, CG#4 TB expired 8/27/2021.

41.b.7 and 41.f.1 CG#5/HHM#2 Lapse on TB screening, previous expired on 5/24/2020, new screening completed on 7/2/2021.

41.b.8. CG#1 CPR expired 4/30/2021, First AID not present. CG#2 CPR expired 3/30/2022, 1st AID expired 6/10/2019. CG#3 CPR and 1st AID expired 5/17/2021. CG#5 CPR and 1st AID expired 5/17/2021. No current CPR/1st AID present. CG#1, 2, 3, 5 have expired BBP on 1/12/2020, no new present. CG#4 BBP expired on 1/17/2021, no new present.

41.c. CG#1 is missing 12 hours of CE for 2021 thru 2022. CG#2, 3, 4, 5 are missing CE for 2021 thru 2022. None present.

41.e CG#2 and #3 are missing SCG Approval form.

41.g. CG#2, 3, 4, 5 are missing from training.

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 for Oral med, PRN Oral Meds for CG#2, 3, 4, 5.

Foster Family Home - Deficiency Report

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.a and 46.b.2 Last fire drill was conducted on 6/2/2020, no current drills since then.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.a.1. CG#5 is missing from the liability insurance.

Foster Family Home


Records

[11-800-54]

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

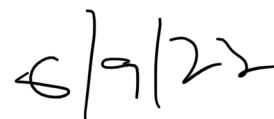
Comment:

54.c.5. Client #1 and #2 have March 2022 MAR with entries stopping on 3/22/2022. Both Client #1 and #2 have April 2022 MAR but no entries for all meds. Both Client #1 and #2 does not have May nor June MAR currently.



Compliance Manager

Primary Care Giver



Date



Date

CTA RN Compliance Manager: Po Lim RN

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

PCG's Name on CCFFH Certificate: Aleli Daleigahi Foster Home
(PLEASE PRINT)

CCFFH Address: 44-605 Palani St. Waiipahu 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?
16.b.5	confidentiality training + signature done. It was placed into home record	7/1/22	CG [redacted] will go over the confidentiality training + make sure to sign after the SCs will sign after reading.
41.a.2	CG [redacted] - RN lic. placed into home record	7/1/22	Home will use a spread sheet to identify when requirements are due to prevent them from expiring. CG [redacted] will inform all caregivers when an item is due 4 weeks before it is due
	CG [redacted] - CNA lic. obtained and placed into home record.	7/5/22	
	CG [redacted] CNA lic. obtained and placed into home record	7/15/22	
41.b.5	CG [redacted] - Driver license placed into home record	7/1/22	
	CG [redacted] obtained driver's license and placed into home record.	7/5/22	

All items that were corrected are attached to this POC

PCG's Signature: Aleli Daleigahi

Date: 8/7/22

CTA has reviewed all corrected items

CTA RN Compliance Manager: Po Lim RN

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

PCG's Name on CCFFH Certificate: Akeli Daligdig Foster Home
(PLEASE PRINT)

CCFFH Address: 94-605 Palani St. Waiapu, 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?
11.b.7	CG- [redacted] obtained a copy of TB test and placed into home record.	7/5/22	Home will use a spread sheet to identify when requirements are due to prevent them from expiring. CG- [redacted] will inform all caregivers when an item is due 4 weeks before it is due.
	CG- [redacted] obtained a copy of TB test and placed into home record.	7/16	
	CG- [redacted] -obtained a copy of TB test and placed into home record.	8/12/22	
11.b.8	CG- [redacted] BLS / ACLS / BPP copy placed into home record.	7/9/22	
	CG- [redacted] obtained a copy of BLS and BPP placed into home record	7/12/22	
	CG- [redacted] obtained a copy of BLS, BPP, placed into home record.	7/9/22	
	CG- [redacted] obtained a copy of BPP- placed into home record.	8/4/22	

All items that were corrected are attached to this POC

PCG's Signature: Akeli P. Daligdig

Date: 8/31/22

CTA has reviewed all corrected items

CTA RN Compliance Manager: Po Lim RN

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

PCG's Name on CCFFH Certificate: Aleli Daligdig Foster Home
(PLEASE PRINT)

CCFFH Address: 94-605 Palai St. Wai pahu, 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?
41.c 41.g	CG- [redacted] obtained a copy of CE and placed into home record.	7/15/22	CG [redacted] will inform all CG when an item is due 4 weeks before it is due.
	CG- [redacted] obtained a copy of CE and placed into home record	7/18/22	
	CG- [redacted] obtained a copy of CE and placed into home record	7/20/22	
	CG- [redacted] obtained a copy of CE and placed into home record.	7/30/22	
	CG [redacted] - obtained a copy of CE and placed into home record	7/20/22	
41.e	CG- [redacted] - I will ask [redacted] a copy of CG Approval form. and will place into home record. I only have CCFFH disclosure form		will ask a CG approval form fr. the compliance manager for a new CG being added to the home.

All items that were corrected are attached to this POC

PCG's Signature: Aleli P. Daligdig

Date: 8/21/22

CTA has reviewed all corrected items

CTA RN Compliance Manager: Po Lim RN

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

PCG's Name on CCFFH Certificate: AIEU Daligdig Foster Home
(PLEASE PRINT)

CCFFH Address: 94 605 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?
41.c	Continuation into home record. CG- [redacted] has CG approval form for 47" and [redacted] caregiver change notification form filed into home record.	7/20/22	will ask a CG approval form from the compliance manager for a new CG being added to the home
43.C.3	CG [redacted] CG [redacted] CG [redacted] CG [redacted] RN delegation was done for the above CGs by the client's CMA. It was placed into the client record.	7/5/22 7/12/22	Home will notify CMA that RN delegation needs to be done within 15 days of a caregiver calendar caregiver being added to the home
51.a.1	CG [redacted] added to the list of liability insurance waiting for the copy of liability insurance.	8/21/22	Home will notify Insurance Co. to add into the list a caregiver being added to the home.

All items that were corrected are attached to this POC

PCG's Signature: AieU Daligdig

Date: 8/31/22

CTA has reviewed all corrected items

CTA RN Compliance Manager: Po Lim RN

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

PCG's Name on CCFFH Certificate: ALERT Daligdig Foster Home
(PLEASE PRINT)

CCFFH Address: alt- 205 Palau 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?
46.a / 46.b.2	Fire drill done on July and August. It was placed into home record. Lapse cannot be corrected	7/10/22 8/5/22	Home will use a wall calendar as a reminder for a fire drill to be done within the first week of each month.
54(e)(5)	Client #1 and client #2 MAR signed and placed in to the chart.	7/25/22 8/15/22	CG [redacted] will make sure that all medications charted on timely manner -

All items that were corrected are attached to this POC

PCG's Signature: Alert P. Daligdig

Date: 8-31-22

CTA has reviewed all corrected items