Foster Family Home - Deficiency Report					
Provider ID:	1-210068				
Home Name:	Elijah Lois	Galvan, CNA	Review ID:	1-210068-3	
91-1204 Piipii S	treet		Reviewer:	Po Lim	
Ewa Beach		HI 96706	Begin Date:	6/14/2022	
Foster Family	Home	Required Certif	icate	[11-800-6]	
6.(d)(1)	Comply	with all applicable rec	quirements in this ch	oter; and	
Comment:					
				tive action report issued during inspection v CCFFH is given their deficiency report).	with corrective
Foster Family	Home	Information Co	nfidentiality	[11-800-16]	
16.(b)(5)		raining to all employers and client privacy	rights	her adults in the home, on their confidentiality po	
Comment:					
16.b.5 CG# 2	2, 3, 4, 5, 6,	and HHM# 1 and #	[£] 2 are missing trair	ng and signature	
Foster Family	Home	Personnel and	Staffing	[11-800-41]	
			0		
41.(b)(4)			nt to complete a psy	osocial assessment of the caregiving family sys	tem in
41.(b)(4) 41.(b)(5)	accordar Provide r	nce with section 11-8	nt to complete a psy 00-7.(b)(2). tation through posse	sion of a valid Hawaii driver's license and access	s to an insured
	accordar Provide r vehicle, d	nce with section 11-8 non-medical transpor or an alternative appr	nt to complete a psy 00-7.(b)(2). tation through posse roved by the departn	sion of a valid Hawaii driver's license and access	s to an insured
41.(b)(5)	accordar Provide r vehicle, d Have a c Have do	nce with section 11-8 non-medical transpor or an alternative appr current tuberculosis c	nt to complete a psy 00-7.(b)(2). tation through posse roved by the departn learance that meets nt training in blood b	sion of a valid Hawaii driver's license and access nt.	s to an insured
41.(b)(5) 41.(b)(7)	accordar Provide r vehicle, o Have a c Have doo resuscita The prim training a	nce with section 11-8 non-medical transpor or an alternative appr surrent tuberculosis c cumentation of current ation, and basic first a bary caregiver shall a annually which shall b	nt to complete a psy 00-7.(b)(2). tation through posse roved by the departm learance that meets nt training in blood b aid. ttend twelve hours, a be approved by the c naintain documentati	sion of a valid Hawaii driver's license and access nt. epartment guidelines; and ne pathogen and infection control, cardiopulmor d the substitute caregiver shall attend eight hour partment as pertinent to the management and ca n of training received by all caregivers, in the car	s to an insured hary rs, of in-service are of clients.
41.(b)(5) 41.(b)(7) 41.(b)(8)	accordar Provide r vehicle, o Have a c Have do resuscita The prim training a The prim	nce with section 11-8 non-medical transpor or an alternative appr surrent tuberculosis c cumentation of current ation, and basic first a bary caregiver shall a annually which shall b	nt to complete a psy 00-7.(b)(2). tation through posse roved by the departm learance that meets nt training in blood b aid. ttend twelve hours, a be approved by the c naintain documentati	sion of a valid Hawaii driver's license and access nt. epartment guidelines; and ne pathogen and infection control, cardiopulmor d the substitute caregiver shall attend eight hour partment as pertinent to the management and ca	s to an insured hary rs, of in-service are of clients.
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41.(b)(5) 41.(b)(7) 41.(b)(8) 41.(c) Comment: 41.b.4 CG#2, 3	accordar Provide r vehicle, o Have a c Have do resuscita The prim training a The prim home. 3, 4, 5, 6 is r	nce with section 11-8 non-medical transpor or an alternative appr surrent tuberculosis c cumentation of curren titon, and basic first a nary caregiver shall a annually which shall b ary caregiver shall m missing G disclo	nt to complete a psy 00-7.(b)(2). rtation through posse roved by the departm learance that meets nt training in blood b aid. ttend twelve hours, a be approved by the c haintain documentati	sion of a valid Hawaii driver's license and access nt. epartment guidelines; and ne pathogen and infection control, cardiopulmor d the substitute caregiver shall attend eight hour partment as pertinent to the management and ca n of training received by all caregivers, in the car	s to an insured hary rs, of in-service are of clients.
41.(b)(5) 41.(b)(7) 41.(b)(8) 41.(c) Comment: 41.b.4 CG#2, 3 41.b.5 CG ∎ is	accordar Provide r vehicle, o Have a c Have do resuscita The prim training a The prim home. 3, 4, 5, 6 is r s missing ID	nce with section 11-8 non-medical transpor or an alternative appr surrent tuberculosis c cumentation of curren titon, and basic first a nary caregiver shall a annually which shall b ary caregiver shall m missing G disclo	nt to complete a psy 00-7.(b)(2). rtation through posse roved by the departm learance that meets nt training in blood b aid. ttend twelve hours, a be approved by the o naintain documentation	sion of a valid Hawaii driver's license and access nt. epartment guidelines; and ne pathogen and infection control, cardiopulmor d the substitute caregiver shall attend eight hour partment as pertinent to the management and ca n of training received by all caregivers, in the car	s to an insured hary rs, of in-service are of clients.
41.(b)(5) 41.(b)(7) 41.(b)(8) 41.(c) Comment: 41.b.4 CG#2, 3 41.b.5 CG ∎ is 41.b.7. C ∎ is	accordar Provide r vehicle, o Have a c Have doo resuscita The prim training a The prim home. 3, 4, 5, 6 is r s missing ID is missing T	nce with section 11-8 non-medical transpor or an alternative appr surrent tuberculosis c cumentation of curren tion, and basic first a any caregiver shall a annually which shall t ary caregiver shall m missing G disclo	nt to complete a psy 00-7.(b)(2). rtation through posse roved by the departm learance that meets nt training in blood b aid. ttend twelve hours, a be approved by the c naintain documentation osure forms.	sion of a valid Hawaii driver's license and access nt. epartment guidelines; and ne pathogen and infection control, cardiopulmor d the substitute caregiver shall attend eight hour partment as pertinent to the management and ca n of training received by all caregivers, in the car	s to an insured hary rs, of in-service are of clients.

Foster Family Home - Deficiency Report			
Foster Fam	ily Home	Fire Safety	[11-800-46]
46.(a)	of the day,		n a record, in the home, of unannounced fire drills at different times e conducted at least monthly under varied conditions and shall
46.(b)(2)	All caregiv	ers have been trained to implement a	ppropriate emergency procedures in the event of a fire.
Comment:			
	.b.2. Missing fire 2022 present.	e drills for April and May 2022. Mi	ssing for September 2021 to December 2021. Only have Jan
Foster Fam	ily Home	Quality Assurance	[11-800-50]
50.(a) Comment:		shall have documented internal emer that may affect the client, such as but	gency management policies and procedures for emergency not limited to:

50.a. Missing Emergency Preparedness Plan for all CGs.

Compliance Manager

Primary Care Giver

6/11/22 Date

06/18/2022 Date

Foster Home

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CTA RN Compliance Manager:	Po Lim
CTARKI Compliance manager.	

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

DCCI- Name on CCEEH Certificate:	Elijah Lois Galvan
PCG's Name on COPI Treatmedice.	(PLEASE PRINT)

CCFFH Address:	91-1204 Piipii Street

(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	CCFFH Caregiver CG) and Adult Household Member (HHM) Training was obtained and filed into home records	6-15-22	Home will use a spreadsheet on desktop to identify when requirements are due to prevent them from expiring.
41.b.4	CG Disclosure Forms were obtained and filed into home records	6-15-22	Home will use a spreadsheet on desktop to identify when requirements are due to prevent them from expiring.
41.b.5	CG# ID was obtained and a copy was filed into home records	6-15-22	Home will use a spreadsheet on desktop to identify when requirements are due to prevent them from expiring.
41.b.7	CG# TB test was obtained and filed into home records	7-15-22	Home will use a spreadsheet on desktop to identify when requirements are due to prevent them from expiring.
41.b.8	CG# CPR, First Aide and Bloodborne Pathogen were obtained and filed into home records	6-15-22	Home will use a spreadsheet on desktop to identify when requirements are due to prevent them from expiring
	erns that were corrected are attached to	this POC	
PCG's Sign	AL VIA		Date: _7.15-2

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X CTA has reviewed all corrected items

Foster Home

Po Lim

CTA RN Compliance I	Manager:
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Community Care Foster Family Home (CCFFH) Written Plan of Correction (POC) Chapter 11-800

PCG's Name on CCFFH Certificate: Elijah Lois Galvan

(PLEASE PRINT)

91-1204 Piipii Street, Ewa Beach, HI 96706 CCFFH Address:

(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	CG# \$ 4 CE Credit Hours were obtained and filed into home records CG# and # complete 8 hours of CE training. Records were obtainged and filed into home records	7-7-22	Home will use a spreadsheet on desktop to identify when requirements are due to prevent them from expiring
46.a	Fire Dril's April 2022 and May 2022 were obtained and filed into home records	6-15-22	Home will use a spreadsheet on desktop to identify when requirements are due to prevent them from expiring
46.b.2	Lapse cannot be corrected	6-15-22	Home will use a spreadsheet on desktop to identify when requirements are due to prevent them from expiring
50.a	Emergency Prepardness Plan was obtained and filed into home records	7-02-22	Home will use a spreadsheet on desktop to identify when requirements are due to prevent them from expiring
All if	tems that were corrected are attached to t		Date: 7-15-27

K CTA has reviewed all corrected items