

Foster Family Home - Deficiency Report

Provider ID: 1-220009

Home Name: Jendy Galicinao, NA

Review ID: 1-220009-3

1854 Kamehameha IV Road

Reviewer: Jackie Chamberlain

Honolulu

HI

96819

Begin Date: 1/11/2022

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 re-certification.

Deficiency Report issued during CCFFH visit with plan of correction 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 # 2 for caregiver 2 or 3

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:

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.(a) none for CG 2

50.(e) The CCFFH has no house numbers at the front door for quick identification from EMS or other providers. In addition there is no door bell at the door

Foster Family Home Records [11-800-54]

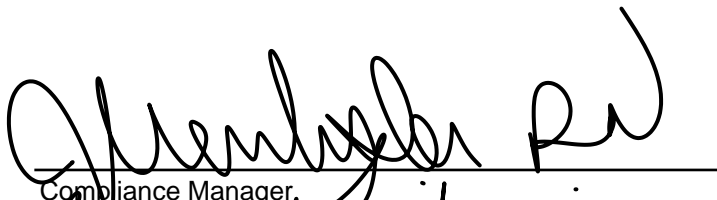
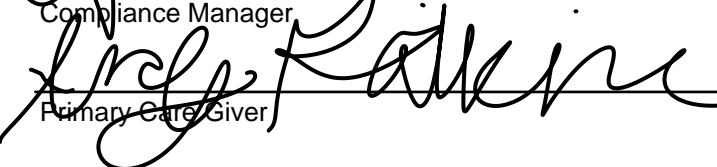
54.(c)(5) Medication schedule checklist;

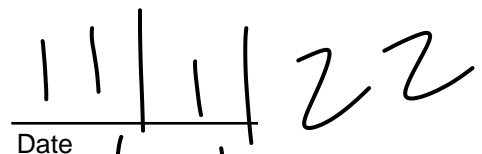
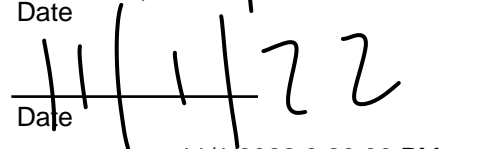
54.(c)(8) Personal inventory.

Comment:

54.(c)(5) Client 1 parameters to hold BP med is present on MAR but not on prescription label

54.(c)(8) Client 1 no Personal inventory present


Compliance Manager

Primary Care Giver


Date

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: Jendy Galichao
(PLEASE PRINT)

CCFFH Address: 1854 Kamehameha IV Road Honolulu HI 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?
43(c)(3)	CMA RN came to the home AND did the delegation for client #2 for caregiver 2, unable to do caregiver 2 because it was on vacation and coming back Feb. 2023	11/14/22	Home will notify CMA immediately upon adding new SCB to home
50(a)(3)	PCG reviewed the internal emergency management policies and procedures for emergency situations that may affect the client.	11/11/22	PCG will immediately review internal emergency management policies and procedures for emergency situations that may affect the client to new SCB upon adding to home
50(e)	PCG put doorbell and house number in the front door for faster house identification	11/5/22	will make sure house # and doorbell is always present for faster house identification
59(c)(5)	Medicine mismatch was corrected by CMA, MB and PCG on the MAR	11/9/22	PCG will wear at the bottle and MAR before administering to client and will notify CMA immediately if it's not match.
59(c)(8)	PCG will did the personal inventory and signed by POA	11/14/22	PCG will fill out personal inventory upon client admission.

☒ All items that were corrected are attached to this POC

PCG's Signature: Jendy Galichao

Date: 11/15/22

☒ CTA has reviewed all corrected items