

# Foster Family Home - Deficiency Report

Provider ID: 1-150067

Home Name: Lene Rose G. Galiza, CNA

Review ID: 1-150067-8

91-850 Kekakia Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 11/15/2022

## 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 3 bed re-certification.

Deficiency Report issued during CCFFH inspection with plan of correction required, due to CTA within 30 days of inspection.

## 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;

Comment:

8.(a)(1) HHM 3 has not done background checks has resided in CCFFH for 2 months

## Foster Family Home Information Confidentiality [11-800-16]

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) No documentation of confidentiality training for HHM 3

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii) No acceptable clearance for HHM 3 4 and 5, and CG 3 and 4

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(a)(1) Staff An updated Application Form including an updated Disclosure Form.

Comment:

(3P)(a)(1) Staff CG 2 has not applied as a 3 bed CCFFH CG

# Foster Family Home - Deficiency Report

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 oxygen use

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;


54.(c)(3) Current copies of the client's physician's orders;

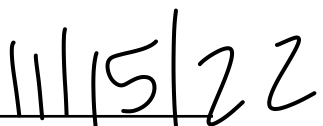
Comment:

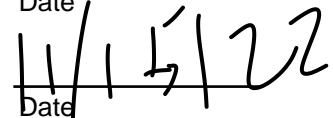
54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice - this is a repeat citation

54.(c)(3) Client # 1 has a signed MD order for daily blood glucose monitoring which is not being performed by CCFFH

  
\_\_\_\_\_  
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: Lene Rose Galiza

*(PLEASE PRINT)*

CCFFH Address: 91-850 Kekakia Place Ewa Beach, HI 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?
8(a)(1)	HHM3' background check is done.	11/22/22	I understand all new CG and HHM resided in CCFFH needs to do background check. I will check the rules on the website if there is any changes/updates with HHM who resides in CCFFH every 6 months. I understand all CG and HHM needs training every year. Including new HHM who resides in CCFFH. I will check my requirements binder every month and I will inform everyone when the item is due 1 month before it is due.
16(b)(5)	HHM3 confidentiality training is done and signed.	11/16/22	
41(b)(5) (c)(ii)	HHM3 TB clearance done HHM4 requested new TB clearance form HHM5 requested new TB clearance form CG3 skin test done CG4 requested new TB clearance form	11/23/22 11/18/22 11/18/22 11/18/22 11/18/22	

All items that were corrected are attached to this POC

PCG's Signature: *Lene Rose Galiza*

Date: 12/13/2022

CTA has reviewed all corrected items

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: Lene Rose Galiza

(PLEASE PRINT)

CCFFH Address: 91-850 Kekakia Place Ewa Beach, HI 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?
(3P)(a) (1) Staff	CG applied for 3 bed CCFFH including updated signed Disclosure form and awaiting [redacted] approval.	11/16/22	I understand that CG2 needs to apply for 3 bed to get approval to become substitute caregiver. I will check the website for CCFFH's requirements for updates and to prevent future errors.
43(c)(3)	Client #2 Case management contacted to give CGs RN delegation for Client #2 oxygen use.	11/28/22	I understand that all new medications or equipments (like oxygen use) needs RN delegation. I will notify Client's case management that RN delegation needs to be done ASAP when Client received new orders from MD.
54(c)(2)	Client's case management updated Client #1 and #2 service plan. Transportation plan form [redacted]	12/12/22	I understand and will ensure that Client's service plan, MD orders and the actual CCFFH practice needs to match at all times. I will notify Case management/MD if there's any difference. I'll check the Clients's binders for their MD appointments. I will put a note/reminder on Clients's calendars if there are any changes and will notify Case management to update them.

All items that were corrected are attached to this POC

PCG's Signature: Lene Rose Galiza

Date: 12/13/2022

CTA has reviewed all corrected items

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: Lene Rose Galiza

(PLEASE PRINT)

CCFFH Address: 91-850 Kekakia Place Ewa Beach, HI 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?
54(c)(3)	I called MD office to update and request new Physician order for Client #1 blood glucose monitoring frequency. Client #1 does not tolerate daily poking. MD approved and faxed new orders. Brought Client #1 to MD office and MD approved half-rails hospital bed.	11/28/22  12/08/22	To prevent this in the future, I will thoroughly read MD's order and follow it no exceptions unless Client refused. I will log 'R' to stands for Client's refusal for the medications or daily care, log (Client's binder) and report (to case management) their refusals. I will make sure that MD and myself will have better communication; will ask Case management/MD for clarifications of orders if I don't fully understand; and double check MD's order, service plan and the actual CCFFH practice matches. Lesson learned.

All items that were corrected are attached to this POC.

PCG's Signature: Lene Rose Galiza

Date: 12/13/2022

CTA has reviewed all corrected items