

Foster Family Home - Deficiency Report

Provider ID: 1-200074

Home Name: Karen Joy Gamiao, NA

Review ID: 1-200074-5

94-1103 Hoomakoa Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 1/24/2023

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1. Unannounced inspection made for a 3-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 2/24/2023. (30 days from the date the CCFFH is given their deficiency report).

CCFFH applying for increase from 2 beds to 3 beds.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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.

Comment:

41.a.3. CG# 2, #3, #4, #5 are missing their home work experiences.

41.b.4. Disclosure form are missing for CG#2 and CG#3.

41.c. CG# 1, #4, #5 is missing 6 credit hours of CE/ in-service training. CG#2 and #3 is missing 2 credits hours of CE/ In-service training.

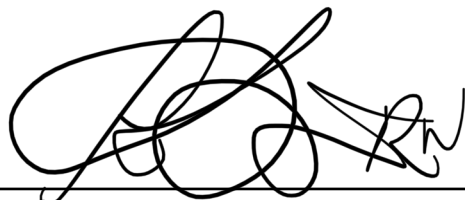
3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

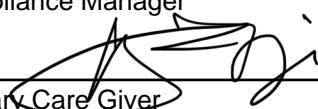
(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

3P.b.1. And 3P.b.6. Last drill was conducted on 3/5/2022. All CGs did not conduct a monthly fire drill.



Compliance Manager



Primary Care Giver

1/24/2023

Date

1/24/2023

Date

CTA RN Compliance Manager: Po Lim

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Karen Joy Gamiao

(PLEASE PRINT)

CCFFH Address: 94-1103 Hoomakoa Street 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.a.3	CG corrected and make all the missing work experiences for CG # 2, # 3, # 4, # 5.	2/8/2023	CG will utilize calendar to schedule dates reminder to prevent future lapses.
41.b.4	Lapse cannot be corrected	1/30/23	CG will use calendar to set reminders/alerts to prevent future lapses
41c	CG called [redacted] # [redacted] to request/follow-up on acquired in services trainings.	1/26/23	CG will utilize a cellphone to set reminders on finished/acquired in services trainings.
BP.b.1/ BP.b.6	CG made sure all fire drill is in the correct binder.	1/25/23	CG will ensure all CG's will conduct fire drill with different time variations & put it in the correct binder.

All items that were fixed are attached to this CAP

PCG's Signature: _____



Date: 2-14-2023

CTA has reviewed all corrected items