

Foster Family Home - Deficiency Report

Provider ID: 1-220009

Home Name: Jendy Galicinao, NA

Review ID: 1-220009-5

1854 Kamehameha IV Road

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 10/9/2023

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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection date (issued on 10/9/23).

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

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.(g)- No basic skills checklist completed for CG#2 in Client #1's chart/records.

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 delegations (oral/oxygen use) present for CG#2 in Client #1's chart/records.

Foster Family Home Fire Safety [11-800-46]

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

Comment:

46.(b)(2)- No evidence that CG#2 conducted a monthly fire drill for the past 12 months.

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)(5) Medication schedule checklist;

Comment:

54.(c)(2)- Client #1's current Service Plan did not address that client was on specialized diet of pureed and nectar thickened liquids.

54.(c)(5)- There were 2 medications that were not written in Client #1's Medication Administration Record (MAR) for the month of October 2023.

Maribel Nakamine, RN 10/9/23

Compliance Manager

Date

Jendy Galicinao

Primary Care Giver

Date

10/9/23

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Jendy Galicinao

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?
41.(g)	CMA visiting RN did the basic checklist w/ CG#2 for client #1.	10/19/23	Will update CMA visiting RN every time new SCG added to the foster home to do basic delegation.
43.(c)(3)	CMA visiting RN did the delegation for oral and oxygen use w/ CG#2 for client #1.	10/19/23	Will update CMA visiting RN and SCG every time new skill is added to do delegation.
46.(b)(2)	CG#2 conducted the monthly fire drill for the month of October.	10/12/23	PCG will set a date in the calendar and which SCG will conduct the fire drill to make sure all SCG conducted fire drill at least once a year
54.(c)(2)	CMA updated the Service Plan for Client #1 for her specialized pureed diet and nectar thick liquids, Transportation was also provided on the service plan	10/9/23	Will Update CMA for any changes of the client to update Client service plan.
54.(c)(5)	CMA visiting RN did medication checklist and CMA added the two missing medication Prochlorperazine and Haloperidol in the MAR	10/23/23	Will update CMA for new medication and do medication checklist with visiting RN when doing the Monthly visit

All items that were corrected are attached to this POC

PCG's Signature: Jendy Galicinao

Date: 10/24/2023

CTA has reviewed all corrected items