

# Foster Family Home - Deficiency Report

**Provider ID:** 1-180011

**Home Name:** Imee Gallardo, CNA

**Review ID:** 1-180011-12

94-443 Kahualena Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 12/13/2023

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 12/13/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8(a)(2) APS/CAN checks were overdue for CG#1 and expired on 5/10/2023. No new on file.

APS/CAN checks were lapsed for CG #2.

APS/CAN was due on or before 10/10/2023 and was completed on 11/1/2023.

APS/CAN checks were overdue/lapsed for CG#4.

APS/CAN was due on or before 8/3/2023 and was completed on 10/11/2023.

Foster Family Home	Personnel and Staffing	[11-800-41]
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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.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.b.4 Disclosure form is not up to date for CG#1.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1 and CG#4.

CG# 1 TB clearance lapsed, was due on/before 1/19/2023 and was done on 8/24/2023.

CG# 4 TB clearance lapsed, was due on/before 2/5/2023 and was done on 4/30/2023.

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## 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 #1 for CG#1, #2, #3, and #4.

## 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) No current service plan present for Client#2. Last one in record is dated 7/22/2022.

Client#3 Service Plan is not sign by the Client/POA.

54.(c)(5) Client #1, #2, and #3 MAR was not documented daily. MAR Sheets not completed on 12/12/2023.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: Po Lim

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

PCG's Name on CCFFH Certificate: Imee Gallardo

(PLEASE PRINT)

CCFFH Address: 94-443 Kahualena St. 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?
8. (a)(2)	APS/CAN for CG#1 was scheduled on 01/12/2024 and waiting on results. Result will be put on file once receive.  APS/CAN lapsed cannot be corrected for CG#2. APS/CAN lapsed cannot be corrected for CG#4	12/14/23 1/16/24	■ CG will use cell phone alarm to remind 2 months ahead as a reminder. ■ CG will also mark the calendar as a reminder.
41.(b)(4)	Disclosure form is signed and placed in the Home Binder for CG#1.	12/16/23	■ CG will double check Home Binder making sure a all disclosure forms are signed by ■ CGs.
41.(b)(7)	TB clearance lapsed cannot be corrected for CG#1. TB clearance lapsed cannot be corrected for CG#4.	12/18/23	■ CG will mark it on the calendar and put a cellphone alarm as a reminder one month ahead to prevent lapse.
43.(c)(3)	RN delegation for CG#1, #2, #3, #4 are reviewed and signed. Copies are placed in the Home Binder.	01/10/24	■ CG will make a list of all CGs making sure all RN delegations are reviewed and signed.
54.(c)(2)	Updated Service Plan for Client #2 is signed and placed in the Home Binder. Client #3 Service Plan is signed by POA and placed in the Home Binder.	01/10/24	■ CG will communicate with CM to make sure all clients Service Plans are updated and place in the Home Binder.

☒ All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_

Date: 1/10/2024

☒ CTA has reviewed all corrected items



**CTA RN Compliance Manager:**

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

PCG's Name on CCFFH Certificate:

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?
54.(c)(5)	MAR is documented daily for Client #1, #2, #3 and placed in the Home Binder.	12/18/23	CG will have a daily reminder on her cell phone that all clients MAR have to be recorded and documented on the Home Binder.

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1/10/2024

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