

Foster Family Home - Deficiency Report

Provider ID: 1-561101

Home Name: Shirley Layugan, CNA

Review ID: 1-561101-14

315 Circle Makai Street

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 12/7/2023

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 via email and mail on 12/11/23. Written plan of correction due to CTA by 1/10/24.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#2's Ecrim lapsed on 1/26/23 and was not done until 2/23/23. CG#3's APS/CAN lapsed on 1/20/23 and was not done until 6/23/23 and Ecrim lapsed on 1/26/23 and was not done until 6/8/23. HHM#4 without the second set of APS/CAN/Fingerprint present. HHM#5's APS/CAN lapsed on 7/24/22 and was not done until 1/9/23 and Ecrim lapsed on 7/24/22 and was not done until 8/1/22.

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)- CG#5 without the confidentiality policies and procedures and client privacy rights training.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#4's TB clearance lapsed on 3/16/23 and was not done until 6/10/23.

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

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No nighttime monthly fire drill conducted for the past 12 months.

Foster Family Home - Deficiency Report

Foster Family Home

Client Account

[11-800-48]

- 48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.
- 48.(b)(1) Commingled with those of the home, the primary or substitute caregivers, other household members, or other clients; or
- 48.(b)(2) Used as the home funds or petty cash.

Comment:

48.(a), (b)(1), (b)(2)- Client #1's Personal Allowance Expense Record showed multiple entries that CCFFH used client's monthly allowance for foods and snacks.

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:

Comment:

50.(a)- CG#5 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home

Records

[11-800-54]

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

Comment:

54.(c)(5)- there were 2 scheduled medications' label and MD orders that did not match with Client #1's current Medications Administration Record (MAR).

Maribel Nakamine, RN 12/11/23
Compliance Manager
S. L. Luyugan
Primary Care Giver
Date 12/11/23
Date

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: SHIRLEY LAYUGAN
(PLEASE PRINT)

CCFFH Address: 315 N. Circle Makai St. Wahiawa HI 96786
(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, 2	Lapse can not be corrected HHM #4	01/07/24	Home will use a spreadsheet to schedule all due dates 2 months in advance to prevent from over looking the due dates.
16.b.5	CG #5 had a training, signed document was filed in home binder	12/08/23	Make sure added caregiver had to sign right after the training.

☒ All items that were corrected are attached to this POC

PCG's Signature: Shirley Layugan

Date: 01/07/24

☐ CTA has reviewed all corrected items

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:

SAIRLY LAYUGAN

(PLEASE PRINT)

CCFFH Address:

315 N. Circle Markon St. Washiana HI 96786

(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.b.7	Lapse can not be corrected. It was placed in home record.	6/10/23	CG/CG#1 - needs to follow-up after generating the spreadsheet 2 weeks before its due date
46.a.	Conducted fire drill this month for night shift is 8:30pm	12/17/23	Home will spread various hours or time instead of evening 6:00pm for my night shift.
48.a. b.1, b.2	CG/CG#1 gave and in the future to client their own personal money and budget her own personal spending.	12/19/23	CG/CG#1 will not include in home binder record client personal money. Let client take care her own finances.

☒ All items that were corrected are attached to this POC

PCG's Signature:

Sairly Layugan

Date: 01/07/24

☒ CTA has reviewed all corrected items

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: SHIRLY LAYUGAN
(PLEASE PRINT)

CCFFH Address: 315 N. Limate Makai St. Wahiawa HI 96786
(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?
50.a	CG#5 had a training	12/08/23	Makhe sure added caregiver had to sign right after the training.
54.C.5	Medication discrepancy was corrected by clients MD and Pharmacist and CG#1 on clients Medication Administration Record.	12/11/23	CG#1 will look at all medication administration records and bottles to ensure they both match every time before giving a medication. Home will immediately notify CMA, Pharmacy and or doctor if they are different.

☒ All items that were corrected are attached to this POC

PCG's Signature: Shirly Layugan

Date: 01/07/24

☐ CTA has reviewed all corrected items