

Foster Family Home - Deficiency Report

Provider ID: 1-210050

Home Name: Cherica Magbaleta Alega,
CNA

Review ID: 1-210050-7

91-1017 Ahona Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 3/13/2024

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 3/13/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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)
Second Fingerprint check is overdue for CG#3, was due on/before 7/22/2023.

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 CG#2, #4, #5.

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)- CG#4 did not have evidence of conducting a monthly fire drill within the past 12 months.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG#5 is not included on the policy.

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Foster Family Home


Records


[11-800-54]

54.(c)(8) Personal inventory.

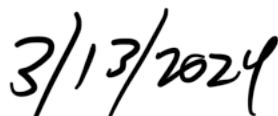
Comment:

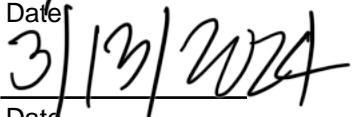
54(c)(8) Client#1 did not have evidence that a personal inventory log has been initiated and/or maintained.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: Terri Van Houten, RN

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

PCG's Name on CCFFH Certificate: CHERICA MAGBALETA ALEGA

(PLEASE PRINT)

CCFFH Address: 91-1017 AHONA STREET. EWA BEACH, HAWAII 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)	Recieved CG#3's updated APS,CAN,Fingerprint and placed it in the CCFFH binder. Lapse cannot be corrected.	03/15/24	PCG will use a wall calendar to put all due dates on. Background checks will be done at least 4 weeks before due date to prevent future lapses.
43.(c)(3)	RN from CM delegated SCG #2, #4 and #5 for Client #2.	03/14/24	PCG will make sure SCG that was not presented prior to admission to follow up with RN to delegate SCG before providing care.
46.(b)(2)	SCG #4 conducted a fire drill for month of April 2024.	04/1/24	PCG will triple check fire drill documents for each SCG that going to conduct a fire drill within the 12 months grace period. PCG will use a wall calendar
51.(a)(1)	Updated Liability Insurance Policy, PCG have include CG#5 to [REDACTED] policy.	3/20/24	PCG will make sure that all SCG that will be working with clients are up to date on Liability Insurance Policy each year.
54.(c)(8)	PCG got a copy of client #1's personal belongings from POA and placed into CCFFH Binder.	3/13/24	PCG will make sure that all important documents relating to client will keep copies for future needs. PCG will use a checklist for the clients.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 4/1/2024

CTA has reviewed all corrected items