

# Foster Family Home - Deficiency Report

Provider ID: 1-210047

Home Name: Gianelli Gail Cagaoan, CNA

Review ID: 1-210047-8

94-568 Palai Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/7/2024

## 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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days (issued on 3/7/24).

6.d.1. Client #1 without an 1147 and Client #2's 1147 expired on 2/22/23 and no current 1147 was present.

## Foster Family Home Background Checks [11-800-8]

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)- CG#2's APS/CAN result lapsed on 2/16/24 and no current result was present.

## 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)- No confidentiality policies and procedures and client privacy rights training present for HHM#2.

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

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

Comment:

(3P)(b)(1)Fire- No monthly fire drill conducted for the month of February 2024.

## Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- no list of medications' side effects for Client #1.

# Foster Family Home - Deficiency Report

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#2 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)- Client #2 without the March 2024 Medication Administration Record present in chart/records.

Maibell Nakamire, RW 3/7/24

Compliance Manager

Date

[Signature]

Primary Care Giver

Date

3/7/24



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: Gianelli Gail Cagaoan  
(PLEASE PRINT)

CCFFH Address: 94-568 Palai 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?
6.(d)(1)	Records: Client #1 without an 1147 Client #2 1147 expired.  Client #1 1147 was emailed to PCG and was filed in Client's binder.  Client #2 1147 is still being processed by CM Nurse and followed up for the present 1147	3/7/2024   3/7/2024	I should have a periodic check/call of the Case Manager to have an update of what is going on and to know if everything are done properly and promptly regarding 1147.  Atleas ask or follow up with CMA 3 months prior to expiration of 1147.
8.(a)(2)	BACKGROUND CHECK:  CG #2 has completed the background check and copy is filed on her binder/record.	3/20/2024 4	I should have a checklist of the requirements needed for each of the SCG and I should put it on my "TO DO LIST." Also I should have a periodic review of the CG's File like every quarter so I will not miss any of the requirements.

All items that were corrected are attached to this POC

PCG's Signature: Gail Cagaoan

Date: 3/26/2024

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: Gianelli Gail Cagaoan  
(PLEASE PRINT)

CCFFH Address: 94-568 Palai 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?
16(b)(5)	INFORMATION CONFIDENTIALITY  All employees including HHM#2 did not have confidentiality training HHM#2 has completed the Confidentiality Training and the certificate is filed on her binder/records.	3/7/2024	I should have a Checklist of the Needed Requirements for every SC & HHM. I should put this Checklist on top of the SCG's & HHM's File so I can check it regularly.
3P(b)(1)	<del>Fire Drill conducted for the month of February 2024</del>  Lapse cannot be corrected.	3/8/2024	I should review periodically the Rules and Regulations in CCFFH Operations especially the monthly fire drill for patient and everyone's safety in the CCFFH.  Will use a calendar note or a phone reminder for every month fire drill to avoid forgetting monthly fire drill.

All items that were corrected are attached to this POC

PCG's Signature: Gianelli Gail Cagaoan

Date: 3/26/2024

CTA has reviewed all corrected items



CTA RN Compliance Manager: Maribel Nokamini

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

PCG's Name on CCFFH Certificate: Gianelli Gail Cagaoan  
 (PLEASE PRINT)

CCFFH Address: 94-568 Palai 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?
47(c)	Records:  Medication errors and drug side effects. CG completed their documentation and these are filed on each of the clients' binder/chart	3/7/2024	For every changes on the medications I should have reminders on my "TO DO LIST" and "CALENDAR OF ACTIVITIES" especially if there are changes /updates for clients medication  Ask for CMA for updated Medication side effect list every time theres a new prescription added to Medications.
50(a)	CG#2 did not have evidence with CCFFH Emergenct Preparedness training - CG #2 has completed the Training and able to Signed and is filed on CCFFH binder/ records	3/7/2024	I should put this Checklist on top of the CG's CCFH File so I can check that all SCG undergo on Emergency Preparedness Plan training.
54(c)(5)	MAR for March 2024  PCG completed documentation and these are filed on each of the client's binder/chart.	3/7/2024	I should file every MAR present on clients binder/chart.

All items that were corrected are attached to this POC

PCG's Signature: *Gianelli Gail Cagaoan*

Date: 3/26/2024

CTA has reviewed all corrected items