

# Foster Family Home - Deficiency Report

Provider ID: 1-180036

Home Name: Marilou L. Calaycay, CNA

Review ID: 1-180036-11

91-1072 Kaunolu Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 3/5/2024

## 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 re-certification inspection.

CCFFH is applying for increase from 2 beds to 3 beds.

Deficiency Report issued during CCFFH inspection via email on 3/5/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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.(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.a.2. CG#2, #3, and #4 does not qualified to work in a 3 beds CCFFH

41(a)(3) No job experience form present for CG#2 and CG#4.

41.b.4 No disclosure form present for CG#4.

41.g. No basic skills check present in record for CG# 3 and CG#4.

## 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#3 and CG#4.

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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)(8) Personal inventory.

Comment:

54(c)(2) No current signature of POA/Clients for service plan present for Client#2. Last one in record is dated 8/30/2022.

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