

Foster Family Home - Deficiency Report

Provider ID: 4-510885

Home Name: Genoveva Lagat, CNA

Review ID: 4-510885-15

1902 Koa'e Place

Reviewer: Terri Van Houten

Wailuku

HI 96793

Begin Date: 6/20/2024

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 7/20/2024.

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) - The CCFFH did not have evidence of a current TB clearance for CG#5. TB clearance on file expired 5/19/24.

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

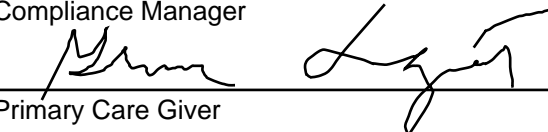
(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

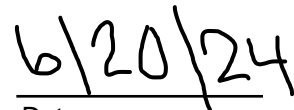
(3P)(b)(6) Fire - The CCFFH did not have evidence that CG#2 had conducted a fire drill within the last 12 months.



Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Genoveva Lagat
(PLEASE PRINT)

CCFFH Address: 1902 Koa'e Place, Wailuku, Hi 96793
(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	TB Clearance was obtain from CG#5. It was placed into home records.	6/21/24	Home already has a spreadsheet to monitor expirations. CG#5 was notified several weeks prior to expiration date. However, updated TB Clearance was not provided on time by CG#5.
3P.b.6	CG#2 is only scheduled to provide care as needed.	See 3rd column	When CG#2 will provided care to clients, CG#2 will conduct fire drill and document it. Home uses a calendar to schedule all CGs each month to conduct fire drill.

All items that were corrected are attached to this POC

PCG's Signature: _____

Genoveva Lagat

Date: 6/29/2024

CTA has reviewed all corrected items