

Foster Family Home - Deficiency Report

Provider ID: 1-220076

Home Name: Gina Roldan Pagtama, CNA

Review ID: 1-220076-5

91-1009 Pa Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 6/12/2024

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 an increase from 2 beds to 3 beds.

Deficiency Report issued during CCFFH inspection via email on 6/12/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#2 and CG#6.

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.(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#4, CG#6, and CG#7 are not approved to work for a 3 Clients beds.

41(a)(3) No job experience form present for CG# 4, CG#6, CG#7.

41.g. No basic skills check present in record for CG# 2, CG#5, CG#6.

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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, CG#5, and CG#6.

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) The CCFFH did not have evidence that fire drills had been conducted by each CG at least once per year. CG# 2, CG#5, CG#6, and CG#7.

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#7 is not included on the policy.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: MIR. PO LIMI

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

PCG's Name on CCFFH Certificate: GINA ROWAN PAGTANIA
(PLEASE PRINT)

CCFFH Address: 91-1009 PA ST., EWA BEACH, HI 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?
16(b)(5)	Submitted signed forms Proof of Training for Confidentiality Policies and Procedure and Client Privacy Rights to SCG # 2 while SCG # 6 will be removed as SCG.	6/25 2024	I will have all my new caregivers and household signed upon working for me before moving the house.
4(a)(2)	submitted required documents of SCG # 4 and SCG # 7 will be household until approval for 3 beds.	6/25 2024	Home will make a checklist of requirements to make sure that all SCG's will be qualified for 3 client bed.
4(a)(3)	Job Experience form completed for SCG # 4	6/25 2024	Home will make a checklist and review all the papers that all SCG's applying for 3 bed will meet desired number of hours experience in home setting.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 6/28/2024

CTA has reviewed all corrected items

CTA RN Compliance Manager: MR. PO LIM

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

PCG's Name on CCFFH Certificate: GINA ROLDAN PAGTAMA
(PLEASE PRINT)

CCFFH Address: 91-1009 PA ST., EWA BEACH HI 96700
(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(g)	Basic Skills signed by SCG # 2 and SCG # 5	6/25 2024	Home will check all SCG's are assessed by RN CM for competency in Basic Caregiver Skills and signatures are obtained.
43(c)(3)	The delegation for the Eye Drop was only for 7 days SCG # 2 and SCG # 5 were not in the home during the 7 days eyedrop period and SCG # 6 was in mainland but the other delegation have been delegated.	6/25 2024	Home will notify client CMA that RN delegation needs to be done on timely manner.
(3P)(b)(6)	Fire Drill Completed and conducted by needed SCG.	6/25 2024	Home will make a reminder to make sure that SCG's performed Fire Drill atleast once a year.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 6/28/2024

CTA has reviewed all corrected items

CTA RN Compliance Manager: MR. PO LITM

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

PCG's Name on CCFFH Certificate: GINA ROLDAN PAGTAMA
(PLEASE PRINT)

CCFFH Address: 911-1009 PA ST. FWA BEACH HI 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?
51(a)(i)	Liability Insurance updated with SCG #7 included in the policy.	6/25 2024	Home will make a checklist and review that all SCG's are included in the liability Insurance Policy.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 6/28/2024

CTA has reviewed all corrected items