

Foster Family Home - Deficiency Report

Provider ID: 1-230066

Home Name: Gracelyn Ganir, LPN

Review ID: 1-230066-3

1029 Hulakui Drive

Reviewer: Po Lim

Honolulu

HI 96818

Begin Date: 6/14/2024

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.

Client #1 is missing Form 1147.

Deficiency Report issued during CCFFH inspection via email on 6/14/2024 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.(b)(7) Have a current tuberculosis clearance that meets department guidelines; 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.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3. CG# 3 TB clearance was not sign by a provider (MD, DO, APRN, PA).

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

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.

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#2 and CG#3 are not included on the policy.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: Po Lim RN

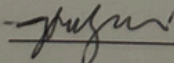
Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: GRACELYN GANIR
(PLEASE PRINT)

CCFFH Address: 1029 HULAKUI DRIVE, HONOLULU, HAWAII 96818
(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?
CLIENT #1	Missing Form 1147, case manager (RN) called that the 1147 form is missing on the chart of the patient.	6/24/24	Home will use a checklist during admission to make the 1147 is being attached. Checks will be done an hour before the case manager left.
41.b.7	TB clearance oof CG# 3 has no evidenced for 2023. PCG emailed the said CG#3 a form in order to be filled up by her PCP since she's on vacation until January 01, 2025.	6/26/24	Home will use a spreadsheet on laptop to identify when requirements are due to prevent from expiring. Primary Caregiver remind the CG#3 to get TB test from Primary care provider 1 week before it is due.
41.g.	No basis skills check for CG#3 a form is being emailed again for CG#3 to sign. Basic skills done/ signed and placed in the patient's record.	6/26/24	Home will notify clients CMA that basic sills needs to be done within the time of admission. Checklists will be checked before the CMA left home.
43.c.3	No RN delegation for CG#3 - the form was being emailed and signed by CG#3 and the CM of the patient came to sign the form.	6/26/24	Home will notify clients CMA that RN delegation needs to be done prior admission. Checklist will be checked that RN delegation is being signed each of the caregiver before the admission will be finish.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 7/01/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Po Lim RN

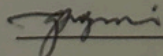
**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: GRACELYN GANIR
(PLEASE PRINT)

CCFFH Address: 1029 HULAKUI DRIVE, HONOLULU, HAWAII 96818
(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.1	CCFFH didn't have evidence that all CG's are included on the policy. PCG called the office that my 2 other CG's names should be included in the policy.	6/20/24	Home will notify the policy maker to include the names of each caregiver in the policy 2 days before the renewal dates. Note reminders will be used.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 7/01/24

CTA has reviewed all corrected items