

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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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

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: Marilou L. Calaycay

(PLEASE PRINT)

CCFFH Address: 91-1072 Kaunolu 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?
41.a.2	3 bed SCG form has been sent with requirements for CG#2,#3. SCG change form for CG#4 has been filled out for removal, form was placed in binder.	05/17/24	We should turn in a 3 bed application forms before recertification so we can provide the approval right away. PCG will write down the next expected surprise visit on calendar to be more prepared.
41(a)(3)	CG#2 job experience form was submitted for 3 bed SCG application and placed into home record. CG#4 cannot be corrected, CG has been changed to a household member.	05/17/24	PCG will make a checklist of the requirements for future SCG applying for 3 bed. CG#4 has been removed and became a HHM. PCG will make a checklist of papers needed to be signed for future new SCG.
41.b.4	Violation cannot be corrected.	05/17/24	
41.g.	CCFH substitute and adult household member training form has been filled and place in home binder.	03/05/24	We should be knowledgeable and aware of changes or updates for CG and HHM. Regularly review home binder by setting reminders on calendar every 2 months.
43.(c)(3)	RN delegation was done for CG#3 by client #1 CMA, RN. Record placed in client#1 binder. CG#4 cannot be corrected, became a HHM.	04/18/24	PCG will inform CMA and schedule with RN if delegation needs to be done and taught when a new SCG will be added. PCG will write reminder of schedule on calendar on the wall.
54(c)(2)	Client #2 POA signed service plan and placed in clients binder	03/18/24	We should review all documents thoroughly when a new client gets admitted. PCG will create a spreadsheet of requirements needed in a client binder and will check things off while going over it.
54(c)(8)	Client #1 personal inventory checklist has been filled and placed in clients binder.	03/18/24	We should put all documents back after reviewing, so documents will not be misplaced. When taking papers out will write down on checklist to make sure it is accounted for when reviewing again.

All items that were corrected are attached to this POC

PCG's Signature: Marilou L. Calaycay

Date: 05/30/2024

CTA has reviewed all corrected items