

Foster Family Home - Deficiency Report

Provider ID: 2-160020

Home Name: Gina Tugade, CNA

Review ID: 2-160020-17

15-1527 18th Avenue

Reviewer: David Ayling

Kea'au

HI 96749

Begin Date: 6/19/2024

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 7/19/24.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - No current APS/CAN for CG #1, CG #4, and CG #5. Expired on 2/16/2024.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:


41.(b)(8) - No current Blood Borne Pathogen certification for CG #4. Expired on 1/15/2024.

Foster Family Home Fire Safety [11-800-46]


46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

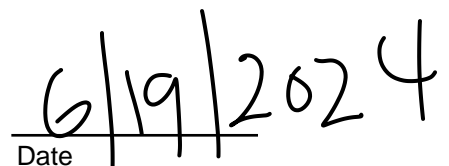
46.(a), 3P)(b)(6) Fire - No record of Fire drills since January 2024. CG #5 has no record of leading a Fire drill since January 2023.



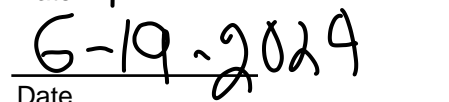
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: DAVID AYLING

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

PCG's Name on COFFH Certificate: GINA C. TUGADE

CCFFH Address: 15-1527 18th Avenue Keolu HI 96749
(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?
8.a.2	Lapse cannot be corrected	7/8/2024	Home will use a wall calendar to put all due dates on. Background checks will be done at least one week before due date to prevent future lapse.
41.b.8	CG # 4 was completed blood borne pathogens and standard precautions on 2/8/2024. It was misplaced.	7/9/2024	Home will see to it that all documents will be placed in their designated folder...
46.a.3P b.6	Drills was done. It was placed into the records. CG # 5 will do the drill from now on.	7/9/2024	Home will use a calendar to put the drills every month to prevent lapse.

All items that were corrected are attached to this POC
PCG's Signature: *G. Tugade*

Date: 7/9/2024

CTA has reviewed all corrected items