

# Foster Family Home - Deficiency Report

Provider ID: 1-518714

Home Name: Imelda Fagaragan, CNA

Review ID: 1-518714-17

94-1167 Hina Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

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) - Unannounced annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 6/19/2024).

## 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): Evidence of lapse of TB clearance for CG#2, CG#3, and CG#4. TB clearance was due by 8/28/2023 for all caregivers but were completed on 4/03/2024 for CG#2, 4/15/2024 for CG#3, and 4/12/2024 for 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 documentation of RN delegations given to CG#3, CG#4, and CG#5 for client #2.

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

(3P)(d) Fire All caregivers and designated individuals must have been trained to implement appropriate emergency procedures in the event of a fire, natural disaster or other emergency.

Comment:

(3P)(d) Fire: No documentation of a fire drill completed by CG#5 within the past 12 months.


## Foster Family Home Records [11-800-54]


54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2): Unable to verify if service plan is updated every 6 months for client #1. Service plan dated 12/7/2023 is identical to service plan dated 6/14/2023. Client started hospice services but was not addressed in current service plan.

54.(c)(2): No documentation of current service plan for client #2. Last service plan provided by CCFFH is dated 7/7/2023.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: Imelda Fagaragan  
(PLEASE PRINT)

CCFFH Address: 94-1167 Hina Street, Waipahu HI 96797  
(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)	Lapse cannot be corrected.	April 2024	Home will use a wall calendar to put all due dates on. TB clearance will be done at least 2 weeks before due date to prevent future lapses.
43.(c)(3)	RN delegation was done for CG#3, CG#4, and CG#5 by the clients CMA. It was placed into the client record.	7/05/24	Home will use a check list as a reminder that all caregivers have received RN delegation for new client
(3P)(d)	Fire drill completed by CG#5. It was placed in file.	7/01/24	Home will use a wall calendar to schedule fire drill every months.
54.(c)(2)	Service plan for client #1 and Client #2 were updated. They were placed into the clients record.	6/19/24	Home will use a reminder notes to review the client's service plan with the CMA to ensure accuracy and completion.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 7/08/24

CTA has reviewed all corrected items