

Foster Family Home - Deficiency Report

Provider ID: 1-160094

Home Name: Love Grace Galicinao, CNA

Review ID: 1-160094-17

94-540 Farrington Highway

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 9/30/2024

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 9/30/24).

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)Fire- CG#3 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- No non-slip surface present in clients' shower floor,

Foster Family Home Quality Assurance [11-800-50]

50.(b) Adverse events shall be reported

Comment:

50.(b)- No Adverse Event completed for Client #3's Wound to left buttock.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- one medication's label (dose) did not match the MD's order and the client's Medication Administration Record (MAR).

Maribel Nakamine, RN
Compliance Manager

Date

9/30/24

[Signature]
Primary Care Giver

Date

9/30/24

CTA RN Compliance Manager: MARIBEL NAKAMINE/~~SUSAN YOUNG~~ sly

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

PCG's Name on CCFFH Certificate: LOVE GRACE A. GALICINAO
(PLEASE PRINT)

CCFFH Address: 94-540 FARRINGTON HWY WAIPAHU, HAWAII 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?
3P.b.6	CG#3 monthly fire drill was conducted and placed to Home Records.	10/03/24	Home will use notification calendar to make sure I will not forget to remind or informed CG.
49.a.1	Non-slip shower bath mat was placed in the shower room.	10/15/24	In the future, I will make sure to always provide non slip bath mat for client's safety.
50.b	Adverse event or Change of condition Report Completed for Client #3, was sent to client #3 CM and placed to Clients book.	10/05/24	I will make sure to always make AE Report if Client's Condition Changes.
54.c.5	MD order corrected and MAR was updated and placed to Client chart.	10/08/24	Home will check all medication orders, label of the bottles and MAR to ensure it all match.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 10/23/24

CTA has reviewed all corrected items