

Foster Family Home - Corrective Action Report

Provider ID: 1-160057

Home Name: Nadine Ganir, CNA

Review ID: 1-160057-7

94-1257 Kahuaina Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 5/13/2021

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

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

Comment:

Unannounced recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 6/13/2021.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

8.(a)(1), (2)- CG#1's APS/CAN lapsed on 7/20/2020 and renewed on 3/10/2021; Ecrim lapsed on 7/19/2020 and renewed on 2/24/2021.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2)Staff- No completed sign in/out forms for the past 12 months.

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

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2, CG#3, CG#4, and CG#6 without evidence of having had training in the CCFFH's Emergency Preparedness Plan.

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Foster Family Home

Records

[11-800-54]

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

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5)- Medication Administration Record(MAR) for Client #3 was last signed on 4/30/2021 and one lifesaving medication was last signed on 3/31/2021.

54.(c)(6)- Client #1's Daily Care Flowsheet was last signed on 4/29/2021.

Markel Dakannine, RN 5/13/2021
Compliance Manager
[Signature]
Primary Care Giver
Date 5/13/2021
Date

CTA RN Compliance Manager: MARIBEL NAKAMINE, RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

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

CCFFH Address: 94 1257 KAHUAINA ST. 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?
8.(a) (1),(2)	CG#1 APS/CAN LAPSED ON 7/20/2020 AND REWENED ON 3/10/2020. ECRIM LAPSED ON 7/19/2020 AND RENEWED ON 2/24/2020 CANNOT BE CORRECTED.	5/13/21	HOME WILL USE PHONE CALENDAR ALERT TO REMIND DUE DATES 1 MONTH PRIOR TO EXPIRATION DATE TO PREVENT FUTURE LAPSES.
(3P)(b) (2)	SIGN IN/OUT FORMS HAS BEEN UPDATED 5/13/21.	5/13/21	I ENSURE PCG/SCG WILL SIGN IN/OUT. BEFORE GOING IN/OUT OF CCFFH.
50.(a)	CG#2, CG#3,CG#4 AND CG#6 SIGNED EMERGENCY PREPAREDNESS PLAN ON 5/13/21.	5/13/21	ENSURE ALL SCG'S WILL SIGN THE EMERGENCY PREPAREDNESS PLAN.
54.(c) (5)	MAR FOR CLIENT#3 WAS LAST SIGNED ON 4/30/21. MAR HAS BEEN UPDATED ON 5/13/21.	5/13/21	I WILL MAKE SURE EACH TIME ADMINISTERING A MEDICATION FOR CLIENTS. I WILL SIGN THEIR CHART IMMEDIATELY.
54.(c) (6)	CLIENT#1 DAILY FLOWSHEET WAS LAST SIGNED ON 4/29/21	5/13/21	I WILL MAKE SURE TO SIGN ON CLIENTS DAILY FLOWSHEET AFTER PROVIDING CARE.

All items that were fixed are attached to this CAP .

PCG's Signature: _____

Date: 6/7/21

CTA has reviewed all corrected items