

# Foster Family Home - Deficiency Report

Provider ID: 2-509854

Home Name: Filipina Ganancial-Andres,  
CNA

Review ID: 2-509854-11

11 Pono Street

Reviewer: Terri Van Houten

Hilo HI 96720

Begin Date: 7/12/2021

## 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 home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 8/12/2021.

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

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.(c) - cg#2 Did not have evidence of 12 inservice training hours in the last 12 months.

41.(g) - CG#4 did not have evidence of a basic skills checklist for client #1

## 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) - CG #3 and 4 had not signed every RN delegation for client #1, 2 or 3.

## Foster Family Home Client Account [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) - Client #1 did not have evidence of an allowance log in their file.

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Foster Family Home

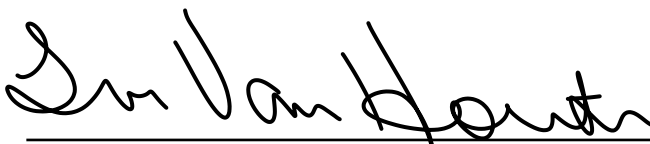
Records

[11-800-54]

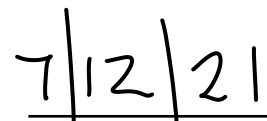
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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Comment:

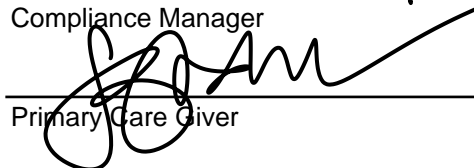
54.(c)(2) - Client #2 was missing a copy of their service plan from 9/2020.



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



\_\_\_\_\_  
Date



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

\_\_\_\_\_  
Date