

# Foster Family Home - Deficiency Report

Provider ID: 1-564452

Home Name: Zenaida Sumagit, CNA

Review ID: 1-564452-11

109 Kaniko Place

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 9/20/2021

## 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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 10/20/2021.

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

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.(g)- No Basic Skills Checks completed for C █ on Client █. For Client █, C █ and C █ were without basic skills completed.

## 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 RN delegations present for CG █ in Client # █ For Client █ both CG █ and CG █ were without RN delegations.

*Maribel Nakamine, RN* 9/20/2021  
\_\_\_\_\_  
Compliance Manager Date  
*Zenaida Sumagit* 9/20/21  
\_\_\_\_\_  
Primary Care Giver Date