

Foster Family Home - Deficiency Report

Provider ID: 1-583171

Home Name: Carmencita Gamponia, CNA

Review ID: 1-583171-12

1208 Neal Avenue

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 10/13/2021

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 11/13/2021.

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

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

Comment:

8.(a)(2)- APS/CAN lapsed on 7/29/2021 for CG#2; CG#3's APS/CAN lapsed on 8/7/2021 and done on 8/23/2021.

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.

Comment:

41.(c)- CG#3 without annual in services for the years 2020 and 2021.

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;

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

Comment:

54.(c)(2)- Client #1's Service Plan expired on 7/8/2021.

54.(c)(5)- Medication discrepancy noted for Client #3. One medication was not transcribed in the client's Medication Administration Record.

Maribel Nakamine, R 10/13/2021

Compliance Manager

Date

CTG

Primary Care Giver

10/13/2021

Date