

# Foster Family Home - Deficiency Report

Provider ID: 1-180011

Home Name: Imee Gallardo, CNA

Review ID: 1-180011-8

94-443 Kahualena Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 11/23/2021

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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) Not adequate proof that CG 3 and HHM 1 qualify for screening only

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

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(a)(4) Staff A 3 bed application has not been submitted for CG 2, 3 or 4

## 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 delegation present for Client 3 for [REDACTED] [REDACTED]

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

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) Indoor wheelchair accessible dining space were cluttered in manner infringing on clients use of space

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Foster Family Home

Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) client # █ agreement: visiting hours and phone call hours state limited Per "My choice my way" visiting hours and phone cannot be restricted

Foster Family Home

Records

[11-800-54]

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

54.(c)(7) Expenditure records; and


54.(c)(8) Personal inventory.


Comment:

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders  
No MAR signature since 11/16/21 for client 1,2 and 3

54.(c)(7) No proof of Expenditure records client 1 and 2

54.(c)(8) Personal inventory sheet is blank and / or not signed client 1 and 2

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

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

11/23/21  
\_\_\_\_\_  
Date

11/23/21  
\_\_\_\_\_  
Date