

Foster Family Home - Deficiency Report

Provider ID: 1-200074

Home Name: Karen Joy Gamiao, NA

Review ID: 1-200074-3

94-1103 Hoomakoa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/11/2022

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 3/11/2022.

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#2 and CG#3's APS/CAN/Fingerprint lapsed on 1/18/22 and were renewed on 2/7/22.

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 and CG#3 without any hours of annual in services for the year 2021.

41.(g)- CG#2 and CG#3 were without signatures present in the Basic Skills Checks for Client #1 and Client #2's charts.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- No time variations of the monthly fire drills completed for the year 2021; all fire drills time were in the morning at 10:00am. CG#2 and CG#3 were without evidences of having conducted a fire drill for the year 2021.

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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)- Client ■■■'s bedroom smelled of strong "urine" odor.

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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 and CG#3 were without evidence of having had the CCFFH's Emergency Preparedness Plan training.

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Records

[11-800-54]

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

Comment:

54.(c)(7)- Client #2's Client Account Record form was not properly done; client's monthly allowances were not recorded, and no monetary balances present for each entry.

Jmailed Nuhonire, RW 2/11/22
Compliance Manager
[Signature]
Primary Care Giver
Date 2/11/22
Date