

Foster Family Home - Deficiency Report

Provider ID: 1-160057

Home Name: Nadine Ganir, CNA

Review ID: 1-160057-9

94-1257 Kahuaina Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 4/29/2022

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

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

Comment:

6(d)(1) 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.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) no proof of adequate TB clearance for CG 5 and 6

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)(3) Current copies of the client's physician's orders;


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

Comment:

54.(c)(2) Service plan for clients [redacted] and [redacted] have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(5) Client [redacted] - medication has [redacted] on MAR not present on Rx label

54.(c)(3) Client [redacted] and [redacted] has MD order for [redacted] [redacted] monitoring. CCFFH does not have the [redacted] in the [redacted] to show the results listed on the flow sheet.


Compliance Manager


Primary Care Giver

4/29/22
Date
4/29/22
Date