

# Foster Family Home - Deficiency Report

Provider ID: 1-559346

Home Name: Marina Gamatero, CNA

Review ID: 1-559346-13

94-095 Hulahe Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 8/4/2022

## 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 visit 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) CG 2,3 and HHM 6 have no documentation of adequate TB screening per Department of Health guidelines

## 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) Client # 1 delegations do not have written instructions included per CMA policy for aerochamber, inhaler, nebulizer, oxygen, topical, oral medications

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

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

Comment:

49.(c)(3) Indoor and outdoor living spaces are cluttered in an unsafe manner and infringing on the clients use of the dining area. This is a repeat citation

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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;

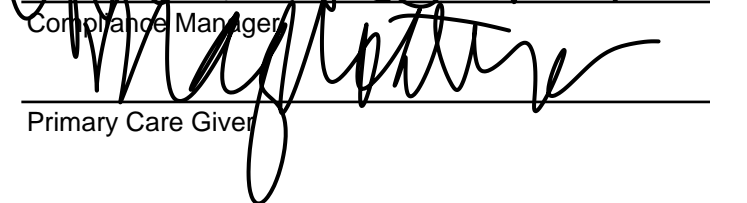
54.(c)(7) Expenditure records; and


Comment:

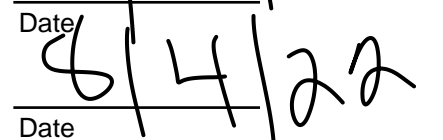
54.(c)(7) Resident account record is blank for client # 1

54.(c)(2) Service plan for clients #1 and # 2 are overdue for updates. Client # 2 there is no list under service providers for home health (Oahu) to manage SP Foley catheter and respiratory services for CPAP Rotech comes every 3 months for CPAP maintenance

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date