Foster Family Home - Deficiency Report				
Provider ID:	1-583171			
Home Name:	Carmencita Gamponia, CNA	Review ID:	1-583171-14	
1208 Neal Aver	nue	Reviewer:	Maribel Nakamine	
Wahiawa	HI 96786	Begin Date:	10/21/2022	
Foster Family	/ Home Required Cert	ificate	[11-800-6]	
6.(d)(1) Comment:	Comply with all applicable re	equirements in this cha	apter; and	
6.d.1- Unanno	unced recertification inspection	on conducted.		
Deficiency Re	port issued during CCFFH ins	spection with a writte	en plan of correction due to CTA on 11/21/22.	
Foster Family	/ Home Background C	Checks	[11-800-8]	
Comment: 8.(a)(1)- CG#5 Foster Family	5 was missing a 2nd Fingerpri		[11-800-41]	
roster ranniy	Personnel and	a Staning	[11-800-41]	
41.(b)(7)	Have a current tuberculosis clearance that meets department guidelines; and			
41.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.			
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) Comment:	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.			
41.(b)(7)- CG# 41.(b)(8)- CG# 41.(c)- CG#1 \		d infection control tr hort of 8 hours; and	aining lapsed on 1/2/22 and no current certification present. CG#5 short of 4 hours for the year 2022.	
Foster Family	Home Client Care ar	d Services	[11-800-43]	
43.(c)(3)	Be based on the caregiver f delegate client care and ser	ollowing a service plar vices as provided in c	n for addressing the client's needs. The RN case manager may hapter 16-89-100.	

Comment:

43.(c)(3)- CG#1 and CG#2 were without RN delegations present in Client #1's chart. CG#6 without an RN delegation in Client #2's chart.

	Foster Family Ho	ome - Deficiency Report	
3 Person Fire Safety Natural Disaster	, 3 Person Fire Safety	(3P) Fire	
(3P)(b)(6) Fire sha	Il include all SCGs at least once per ye	ar	
Comment:			
(3P)(b)(6)Fire- CG#6	without evidence of having conduct	ed a monthly fire drill.	
Foster Family Home	Medication and Nutrition	[11-800-47]	
47.(d) Use	of physical or chemical restraints shall		
47.(d)(1) By	order of a physician;		
Comment:			
47.(d), (d)(1)- No MD	order present in Client #1's chart fo	r client's full bedrails.	
Foster Family Home	Physical Environment	[11-800-49]	
49.(a)(4) Wh	eelchair accessibility to sleeping rooms	, bathrooms, common areas and exits, as appropriate;	
Comment:		,,,	
49.(a)(4)- CCFFH's ki	tchen with 2 wooden gates blocking	g clients' access to the kitchen and refrigerator.	
Foster Family Home	Quality Assurance	[11-800-50]	
50.(a) The situ	home shall have documented internal ations that may affect the client, such a	emergency management policies and procedures for emergency s but not limited to:	
Comment:			
50.(a)- CG#5 and CG	#6 were without evidence of having	been trained with the CCFFH's Emergency Preparedness Plan.	
Foster Family Home	Fiscal Requirements	[11-800-52]	
52.(a) The	home shall have adequate resources	to finance its services in accordance with the provisions of this chapter.	
	The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.		
52.(c) All f		ed by the home in accordance with generally accepted accounting	
Comment:			
52.(a),(b),(c)- No mor inspection.	thly budget for the year 2022 and C	CG#1 unable to produce other financial documents during CCFFH	
Foster Family Home	Client Rights	[11-800-53]	
	treated with understanding, respect, an acy in treatment and in care of the clier	d full consideration of the client's dignity and individuality, including	

Comment:

53.(b)(9)- Client #1 and Client #3 were with video monitoring devices inside their bedrooms; no written consents from Clients/POAs were present in each client's charts.

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Foster Family Home Records

[11-800-54]

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

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5)- Medication discrepancies were noted for Client #2 and Client #3.

Client #2- one daily medication was not signed from 10/1/22 thru 10/21/22.

Client #3- one daily medication's dosage label didn't match the client's Medication Administration Record. A weekly medication was not signed from 10/1/22 thru 10/21/22.

54.(c)(6)- Client #1's observation/progress notes were without signatures of caregivers/writers after each dated entries.

Kanino Re 1 Date Compliance Manager

Primary Care Giver