

# Foster Family Home - Deficiency Report

Provider ID: 1-613803

Home Name: Genedina Albano, CNA

Review ID: 1-613803-14

91-1372 Kamahoi Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 11/9/2022

## 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 plan of correction required, due to CTA within 30 days of inspection.

## 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;

Comment:

8.(a)(1) CG 3 has no proof of current APS CAN

## 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)CG 1,2 and 3 have no proof of current clearance  
Child under 18 has no proof of current clearance

## 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 # 1 delegations for CG 2 or 3, and none for oxygen or nebulizer use for any CG

43.(c)(3) No skills check list or signed delegations for client 3 / CG 3

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire no proof of any fire drills since 2021

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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;

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

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- 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;

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- 54.(c)(8) Personal inventory.

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Comment:

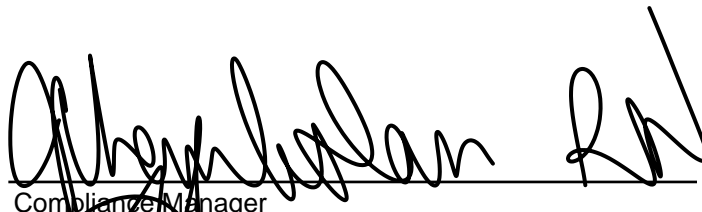
54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice Client 2 has no proof of an updated service plan since 11/2022. This a repeat citation

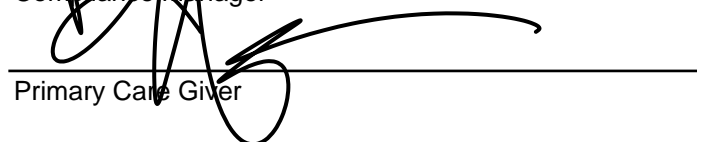
54.(c)(5) No documentation of any medications given since 10/23/22 for client 1 2 or 3 - repeat citation

54.(c)(5) Medication discrepancy for client 3 medication prescription label did not match medication administration record and / or the signed MD orders.

54.(c)(6) No documentation of vital signs or daily log since 10/23/22 for client 1 2 or 3

54.(c)(8) no Personal inventory documentation for client 1

  
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Compliance Manager

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

11/9/22  
\_\_\_\_\_  
Date

11/9/22  
\_\_\_\_\_  
Date