

Foster Family Home - Deficiency Report

Provider ID: 1-560377

Home Name: Nicole Ganitano, CNA

Review ID: 1-560377-15

91-1025 Hanakahi Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 11/17/2022

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 2 bed re-certification. annual inspection

Deficiency Report issued during CCFFH visit with plan of correction due to CTA within 30 days of inspection.

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 for any CG except CG 1

43.(c)(3) No delegation for nasal spray

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.

Comment:


46.(a) No documentations of fire drills since 7/2022

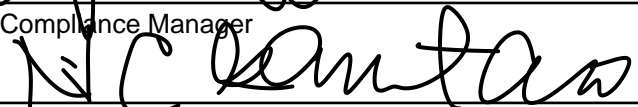
Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;


Comment:


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



Compliance Manager


Primary Care Giver



Date


Date