

# Foster Family Home - Deficiency Report

Provider ID: 1-210068

Home Name: Elijah Lois Galvan, CNA

Review ID: 1-210068-5

91-1204 Piipii Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 4/18/2023

## 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 recertification inspection.

Deficiency Report issued during CCFFH inspection with No plan of correction required, 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 inhaler or nebulizer.

43.(c)(3) There is no documentation that client 1 manages own inhaler frequency (including overuse)

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

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:


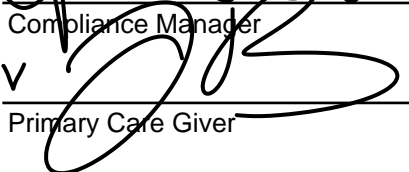
49.(c)(3) The CCFFH has several areas that were not clean throughout the CCFFH. Some window screens are ripped potentially allowing insects in the CCFFH. Outdoor has uncollected pet waste and generally cluttered.

## Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(7) no monthly expenditure records

  
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Compliance Manager  
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\_\_\_\_\_  
Primary Care Giver

4/19/23  
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Date  
4/19/23  
\_\_\_\_\_  
Date