

Foster Family Home - Deficiency Report

Provider ID: 1-160057

Home Name: Nadine Ganir, CNA

Review ID: 1-160057-11

94-1257 Kahuaina Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 3/22/2023

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 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 Medication and Nutrition [11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e) Client # 1 Has MD order for renal diet and specific fluid restriction. [REDACTED] CG 5 cannot describe how to follow either restriction, and no specific instructions and training is documented via delegations.

3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(c)(2) Env. the room must be adequate for socialization and dining by the clients, preferably with the family

Comment:

(3P)(c)(2) Env. CCFFH has no kitchen available for the clients (home kitchen is up a flight of stairs) There is no access to drinks (other than water) or snacks without client calling and requesting

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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)(3) Current copies of the client's physician's orders;
- 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)(2) Service plan for clients #1 and # 2 and 3 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(3) Client # 1 has a signed MD order for weekly blood glucose monitoring. There is no proof that this is being performed by CCFFH at all (no flow sheet, no record in memory of BGM monitor)

54.(c)(3) Client # 2 has a signed MD order for daily blood glucose monitoring. A result has been documented for the last 3 days but when asked to see the memory result current CG 5 states she documented this fraudulently, the measurement was not done. There is parameters to notify MD for high or low readings

54.(c)(5) Client # 1 has no 3/23 MAR or flow sheet in client binder. It is unknown if medications or care is being given as ordered

54.(c)(6) Client # 3 has no daily documentation since 1/2023

Client # 3 has a blank MAR although there is a MD order for 2 PRN medications. It is unknown if client is on any routine medications (CG 5 reports no medications but MD note says medication reconciliation done)


Compliance Manager


Primary Care Giver

3/22/23
Date

3/22/23
Date