

# Foster Family Home - Deficiency Report

Provider ID: 1-200045

Home Name: Jo-Ann Ganitano-Ulep, CNA

Review ID: 1-200045-7

91-1289B Kilipue Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 7/10/2023

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 7/10/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.b.4 No disclosure form present for CG# 3.

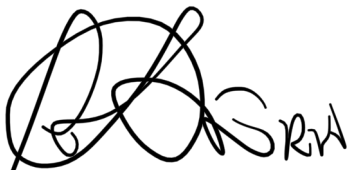
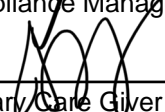
41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG# 2. It was due on/before 11/5/2022.

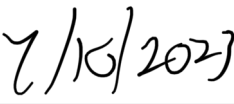
## Foster Family Home Client Care and Services [11-800-43]

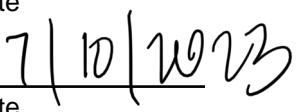
43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client # 1 for CG# 3.

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date