

Foster Family Home - Deficiency Report

Provider ID: 1-160094

Home Name: Love Grace Galicinao, CNA

Review ID: 1-160094-15

94-540 Farrington Highway

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 10/3/2023

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (issued on 10/03/2023).

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7): CCFFH has no evidence of TB clearance dated 2/7/23 for CG#2 has been cleared by a health provider within the past year. TB clearance signed by RN.

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 evidence of RN delegation for medication administration, glucose monitoring for CG#2, CG#3, and CG#4 for Client #3. Only CG#1 was signed off by CMA RN for nursing delegations.

Foster Family Home Records [11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

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

Comment:

54(a)(1): CCFFH has no evidence of evacuation map present. PCG unable to provide map.

54.(c)(5): CCFFH has no evidence of medication administration for client #2 and client #3. Blank spaces in MAR with no indication of medication was administered or held.

Maribel Nakamine, RN 10/3/23

Compliance Manager

Date

Primary Care Giver

Date