

Foster Family Home - Deficiency Report

Provider ID: 1-560377

Home Name: Nicole Ganitano, CNA

Review ID: 1-560377-17

91-1025 Hanakahi Street

Reviewer: Ryan Nakamua

Ewa Beach

HI 96706

Begin Date: 11/17/2023

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days after inspection (inspection date: 11/17/2023).

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(f)(1): No evidence by CCFFH of current TB clearance for the four minor household members. No documents provided by CCFFH.

41.(g): No evidence by CCFFH of basic caregiver skills check completed for all CGs for client #1. documents provided by CCFFH are incomplete and does not disclose if satisfactory.

41.(g): No evidence of basic caregiver skills check completed for CG#6 for client #2. No documents provided by CCFFH.

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 by CCFFH of no RN delegation for client #2 for CG#6. No documentation provided by CCFFH.

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 evidence by CCFFH of CG#6 conducting a monthly fire drill in the past 12 months. No documentation provided by CCFFH.

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Medication and Nutrition

[11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No evidence of written MD order for client #1 use of bed side rails. No documents provided by CCFFH.

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;

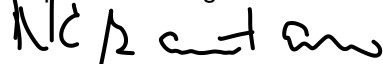
Comment:

54.(c)(2): No evidence by CCFFH of current service plan addressing client use of Hoyer lift to transfer for client #2. No documentation noted in current service plan.

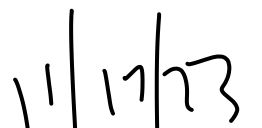
54.(c)(2): No evidence of current service plan for client #1. Last service plan provided by CCFFH dated 2/2023.



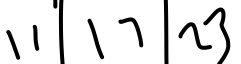
Compliance Manager



Primary Care Giver



Date



Date