

Foster Family Home - Deficiency Report

Provider ID: 1-210039

Home Name: Digna Galera, CNA

Review ID: 1-210039-7

98-874 Kaamilo Street

Reviewer: Ryan Nakamua

Aiea HI 96701

Begin Date: 1/24/2024

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 1/24/2024).

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2): Evidence by CCFFH of lapse of APS/CAN clearance for CG#3. Documents provided by CCFFH show lapse from 3/26/2023 to 11/13/2023.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

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

Comment:

41.(f)(1): No evidence of current TB clearance for minor household member. No documentation provided by CCFFH.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff: No evidence by CCFFH of caregiver sign out log of who is watching clients. No documentation provided by CCFFH.

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(d)(1) By order of a physician;

Comment:

(47)(d)(1): Client #2's bed installed with full bedrail. client's physician only ordered for half rails. CCFFH states that she raises head of bed to make it bed rails appear as half.

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Records

[11-800-54]

54.(c)(5)

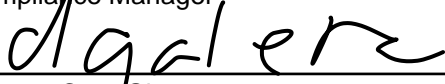
Medication schedule checklist;

Comment:

54.(c)(5): Evidence by CCFFH of 1 medication dosage discrepancy in medication administration record compared to physician order for client #2.



Compliance Manager



Primary Care Giver

1/24/24
Date
1/24/24
Date