

# Foster Family Home - Deficiency Report

Provider ID: 1-160057

Home Name: Nadine Ganir, CNA

Review ID: 1-160057-13

94-1257 Kahuaina Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 4/12/2024

## 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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 4/12/2024)

## Foster Family Home Background Checks [11-800-8]

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 of lapse of APS/CAN clearance for CG#2. Based on documents, APS/CAN clearance was due 1/18/2024 and was completed 3/14/2024.

## 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): No documentation of current TB clearance for CG#1. Documents provided show that TB was due on 5/28/2023.

41.(b)(7): Lapse of TB clearance for CG#4 occurred based on documents provided. TB was due on 3/18/2023 and was completed on 2/05/2024. CG#1 states unable to find document of TB screened in 2023.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(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 documentation provided by CCFFH of caregiver sign-out sheet provided.

# Foster Family Home - Deficiency Report

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46:(a)(b)(2): No evidence by CCFFH of any fire drills occurred in the past 12 months. Last documented fire drill conducted 3/9/2023.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c): No documentation provided by CCFFH of list of medication side effects of current medications of client #1 and client #2.

Foster Family Home

Records

[11-800-54]

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)(5): No documentation of medication administration for client #1 from 3/20/2024 to 3/30/2024.

54.(c)(5): One medication being documented daily since day of inspection by CCFFH for client #2 with no supply on hand and according to CCFFH has been discontinued for a "long time".

54.(c)(6): No documentation provided by CCFFH of weekly vital signs and blood sugar checks and blood pressure and heart rate checks twice a day for client #1 as addressed in client's service plan. No blood sugar checks and blood pressures been documented since 3/19/2024 and no documentation from 1/31/2024 to 4/01/2024. Vital signs have been checked once a month.

  
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Compliance Manager

  
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Primary Care Giver

4/12/24  
\_\_\_\_\_  
Date  
4/12/24  
\_\_\_\_\_  
Date