

# Foster Family Home - Deficiency Report

Provider ID: 1-512906

Home Name: Belinda Galinato, LPN

Review ID: 1-512906-15

94-653 Kupuna Loop

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 5/13/2024

## 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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 5/13/24).

6.d.1- Client #1 without an 1147 present in chart/records.

## 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.

43.(c)(4) Include the provision of personal care, homemaker, and respite services as appropriate;

Comment:

43.(c)(3), (4)- Client #1's personal care's CCFFH practice with discrepancy between the client's service plan and the CCFFH's actual practice.

## 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;

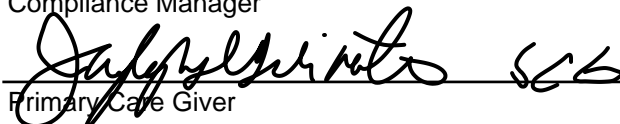
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

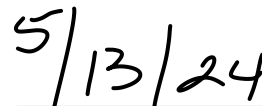
Comment:

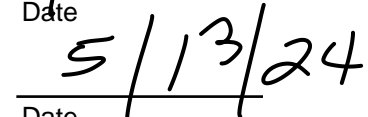
54.(c)(2)- Client #2's Service Plan dated 12/24/23 without the Client's/POA's signature.

54.(c)(6)- Client #1's ADLS/Daily Care Flowsheet was signed ahead until 5/16/24 & 5/17/24. There were vital signs, intake and output of client were recorded until 5/15/24- questionable practice and accuracy of recorded values.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date