

# Foster Family Home - Deficiency Report

Provider ID: 1-591083

Home Name: Rosa Ishihara, CNA

Review ID: 1-591083-15

94-205 Paiwa Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 6/6/2024

## 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: 6/6/2024).

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

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.(g): No documentation provided by CCFFH of basic caregiver skills were checked by client #2's case management agency for CG#3.

## 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 documentation of RN delegation by client #1's case management agency for oxygen and nebulizer administration and oral suctioning for any caregivers.


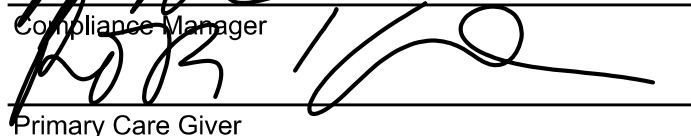
43.(c)(3): No documentation provided by CCFFH of RN delegation by client #2's case management agency for CG#3.

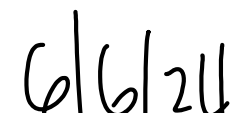
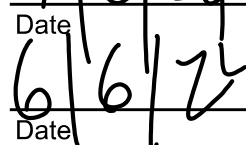
## Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2): No documentation provided by CCFFH of client #1's current service plan addressing that client is receiving hospice services, oxygen, nebulizer treatment and oral suctioning.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date