

Foster Family Home - Deficiency Report

Provider ID: 1-160074

Home Name: Analyn Kagimoto, CNA

Review ID: 1-160074-14

3737 Waiialae Avenue

Reviewer: Ryan Nakamura

Honolulu

HI 96816

Begin Date: 6/21/2024

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: 6/21/2024).

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 for 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): Evidence of lapse CPR training certificate for CG#2. CPR training was due by 2/01/2024 and completed on 3/07/2024.

Foster Family Home Physical Environment [11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2): No grab bars located on/near toilet of client's bathroom.

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)(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;

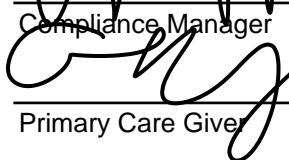
Comment:

54.(c)(2): No signature from client #1's POA on client's current service plan.

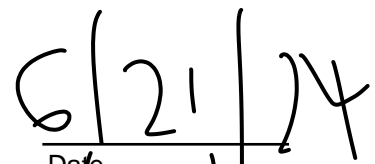
54.(c)(5): No daily documentation provided by CCFFH medication administration from 3/11-3/31/2024 for client #1.

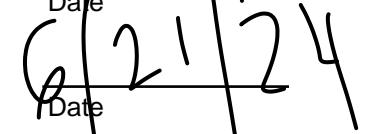
54.(c)(6): No daily documentation of daily nursing care skilled check list for client #1 from 2/15-2/29/2024.



Compliance Manager


Primary Care Giver



Date


Date