

Foster Family Home - Deficiency Report

Provider ID: 1-230088

Home Name: Anna May Ganal, NA

Review ID: 1-230088-3

91-1739 Puhiko Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 8/9/2024

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 8/9/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)
Fingerprint check is missing for CG#2 and CG#4.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.b.4 No updated disclosure form present for CG#1. 2 adults and 1 minor lived next door with a door in between.

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 RN delegation present for Client # 2 for CG#2, CG#3, and CG#4.

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Insurance Requirements

[11-800-51]


51.(a)(1) General;

Comment:


51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG#3 is not included on the policy.



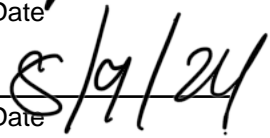
Compliance Manager



Primary Care Giver



Date



Date