

Foster Family Home - Deficiency Report

Provider ID: 1-583171

Home Name: Carmencita Gamponia, CNA

Review ID: 1-583171-18

1208 Neal Avenue

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 8/27/2024

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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 8/27/24).

Foster Family Home Contracts with CMAs [11-800-40]

40.(1) If the primary caregiver, substitute caregiver, owner of the property, holder of the certificate, or any other adult in the home, except for clients, is related in any way to a paid or unpaid member of the staff or officer of the case management agency; or

Comment:

40.(1)- CG#3 is currently employed with Client #1 and Client #2's case management agency.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7)- CG#3's TB clearance lapsed on 8/26/23 and CG#4's TB clearance lapsed on 10/4/23. Both were without current TB clearances results.

41.(b)(8)- CG#3's bloodborne pathogen and infection control training lapsed on 5/11/23 and no current certification was present.

41.(c)- CG#2 was short of 4 hours of the required 12 hours of the annual in-service training for the year 2023 and for the year 2024 (short of 8 hours). CG#3 without any hours of the required 12 hours for the years 2023 and 2024.

Foster Family Home Medication and Nutrition [11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e)- CG#1 and CG#2 without training present on Client #1's specialized diet consistency.

Foster Family Home - Deficiency Report

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)(8) Personal inventory.

Comment:

54.(c)(2)- Client #1's current (8/1/24) Service Plan did not list the client's specialized diet need/consistency.

54.(c)(8)- Client #1 without a Personal Belongings form completed.

Maribel Nakamine, RA

Compliance Manager

Louise Rita Campora

Primary Care Giver

8/27/24

Date

8/27/24

Date