

# Foster Family Home - Deficiency Report

Provider ID: 2-170010

Home Name: Cecilia Gancinia, CNA

Review ID: 2-170010-15

44-252 Hoolauae Street

Reviewer: Maribel Nakamine

Honoka'a HI 96727

Begin Date: 7/11/2024

## 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 annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/11/24).

## 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 delegations present on oral, topical medications for CG#1, CG#2, and CG#3 for Client #1.

## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- No nighttime scheduled monthly fire drill. CG#2 without evidence of having conducted a monthly fire drill for the past 12 months.

## 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;

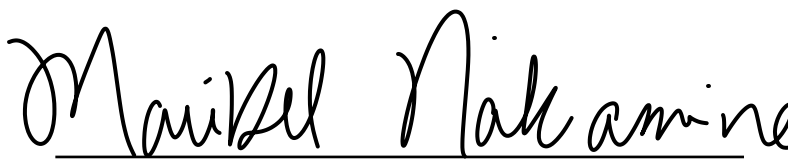

Comment:

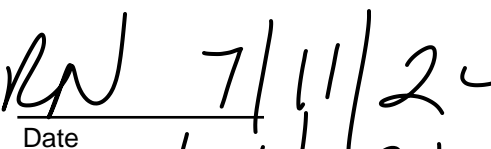
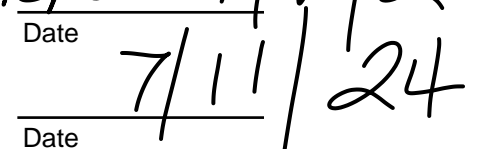
54.(c)(2)- Client #2's Service Plan dated 3/5/24 without the Client's/POA's signature.

54.(c)(5)- Medication discrepancies were noted for Client #1 and Client #2.

Client #1- one scheduled medication's label and MD's order did not match the client's Medication Administration Record (MAR). One medication without an MD's order and CG#1 reported that client was being administered.

Client #2- two scheduled medications were not on hand during review of client's medications.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date