

# Foster Family Home - Deficiency Report

Provider ID: 1-200061

Home Name: Debbie Inay, CNA

Review ID: 1-200061-11

990 Paaaina Street

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 8/6/2024

## 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: 8/6/2024)

## 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.

Comment:

41.(b)(7): No documentation provided by CCFFH of current TB clearance for CG#2. TB clearance was due by 10/20/2023.

41.(b)(8): No documentation provided by CCFFH of current CPR/first aid training for CG#2. CPR/first aid was due by 10/25/2023.

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

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

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;


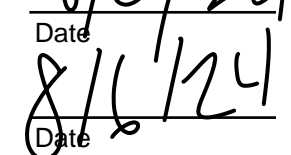
Comment:

54.(b)(1): Unable to review all documents of client #1, client #2, and client #3. Charts are in disarray and CG#1 states that client and CCFFH's records are stored in locked area and does not have access at time of inspection.

54.(c)(5): No documentation provided by CCFFH of current month's medication administration (MAR) for client #1, client #2, and client #3.

54.(c)(6): No documentation provided by CCFFH of current month's flow sheets for client #1, client #2, and client #3.

  
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Compliance Manager  
  
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Primary Care Giver

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