

Foster Family Home - Deficiency Report

Provider ID: 1-140054

Home Name: Shella Gem P. Pammit, CNA

Review ID: 1-140054-15

94-441 Kuahui Street

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 5/31/2024

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: 5/31/2024).

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 documentation of delegation by client #1's case management agency of administering oxygen, oral suctioning, and nebulizer treatment for CG#1 and CG#2.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): No documentation of written acknowledgement/consent of camera/monitor in client #2's bedroom signed by client.

Foster Family Home Records [11-800-54]

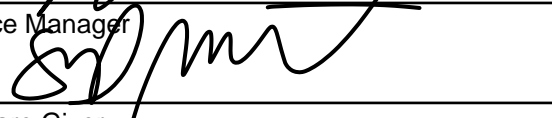
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:


54.(c)(2): Current service plan provided by CCFFH for client #1 did not address oxygen administration, oral suctioning, and nebulizer treatment, hooyer lift transfers, thickened liquids, and puree diet.

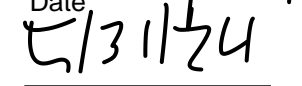


Compliance Manager



Primary Care Giver



Date


Date