

Foster Family Home - Deficiency Report

Provider ID: 2-130047

Home Name: Elizabeth Galanto, CNA

Review ID: 2-130047-18

78-6981 Mamalahoa

Reviewer: Ryan Nakamura

Holualoa HI 96725

Begin Date: 7/30/2025

| Foster Family Home | Required Certificate | [11-800-6] |
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced annual inspection for 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 7/30/2025).

| Foster Family Home | Background Checks | [11-800-8] |
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1): No evidence present in CCFFH records of current ecrim background check for CG#3. Background check was due by 6/29/2025.

8.(a)(1): No evidence present in CCFFH records of sex offender registry searches were completed for CG#1, CG#3, and HHM#1.

8.(a)(2): No evidence present in CCFFH records of current APS/CAN clearance for CG#3. APS/CAN clearance was due by 7/07/2025.

| Foster Family Home | Personnel and Staffing | [11-800-41] |
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41.(a)(2) Be a NA, an LPN, or RN;

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

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA Prometric registry check completed for CG#1.

41.(b)(7): No evidence present in CCFFH records of current TB clearance for CG#3. TB clearance was due by 6/13/2025.

| Foster Family Home | Physical Environment | [11-800-49] |
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49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49. (a)(4): All exits at CCFFH have steps and are not wheelchair accessible.

49.(b)(3): No documentation present in client records of consent/acknowledgement signed by client/representative of use of camera/monitor in client's bedroom for client #1.

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Records

[11-800-54]

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:

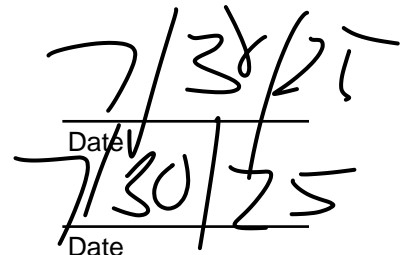
54.(c)(5)(6): No evidence of daily documentation present in client records for client #1. Last documentation of medication administration dated 7/20/2025 and last documentation of skilled nursing/ADLs checklist dated 7/12/2025.



Compliance Manager



Primary Care Giver



Date