

# Foster Family Home - Deficiency Report

Provider ID: 2-100110

Home Name: Josephine Ganancial, CNA

Review ID: 2-100110-19

16-2061 Uilani Drive

Reviewer: Maribel Nakamine

Pahoa

HI

96778

Begin Date: 8/28/2025

## 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 1-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection.

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

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

Comment:

46.(b)(2)- CG#4 without evidence of conducting a monthly fire drill for the past 12 months.

## 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)- No training present for Client #1's special feeding needs of pureed diet for CG#1, CCG#2, CG#3, and CG#4.

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

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- discrepancy noted for Client #1's medication dosage of Aripiprazole. MD order and bottle label stated "Aripiprazole 10mg " Medication Administration Record (MAR) was written as "Aripiprazole 5mg".

Maribel Nakamine, RW 8/28/25  
Compliance Manager  
Date 8/28/25  
Primary Care Giver  
Date