

# 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".

  
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Compliance Manager

  
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Primary Care Giver

8/28/25  
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Date 8/28/25  
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Date 8/28/25