

# Foster Family Home - Deficiency Report

Provider ID: 1-230088

Home Name: Anna May Ganal, CNA

Review ID: 1-230088-5

91-1739 Puhiko Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 10/15/2025

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. PCG requests to increase to a 3-client ccffh. Deficiency Report issued during home inspection with written plan of correction due to CTA by 11/15/25.

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

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - CG #4 has not led a fire drill in the last year.

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


54.(b)(2) Provide information for necessary follow-up care for the client.


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

Comment:

54.(b)(2) - No face sheet present in the chart for Client #1.

54.(c)(2) - Client #1 Service plan was not updated on 7/2025 RN visit.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

10/15/2025  
\_\_\_\_\_  
Date

10/15/2025  
\_\_\_\_\_  
Date