

# Foster Family Home - Deficiency Report

Provider ID: 1-562604

Home Name: Maria Lourdes Galdones, CNA Review ID: 1-562604-10

98-1212 Kaamilo Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 8/5/2021

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

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

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 9/5/2021.

## Foster Family Home Background Checks [11-800-8]

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), (2)- CG#2 and CG#3's APS/CAN lapsed on 3/29/2021 and Ecrim lapsed on 3/27/2021. No current results present in the CCFFH binder.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8)- Blood borne pathogen and infection control training lapsed on 5/30/2021 for CG#1, CG#2, and CG#3.

## 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)- Last monthly fire drill conducted was on 11/4/2020.

*Maribel Nakamine, RN* 8/5/2021

Compliance Manager

Date

*Maria Lourdes Galdones*

Primary Care Giver

Date

8/5/2021